

CAMP STAFF

APPLICATION FORM

Counselor in Training (CIT) Ages 14-17
 Assistant Counselor Ages 16-18
 Counselor Ages 18+
 Director Age 25+

APPLICANT INFORMATION

Full name _____ Home phone _____ Cell phone _____

Address, City, State, Zip _____

Email _____ Male Female

Education Elementary High school College Special education or training _____

Birth Date _____ Occupation _____

Health Excellent Average Poor Describe any handicaps/problems _____

Home Church _____ Church Address _____

List any involvement with your congregation _____

List according to preference (1 - first choice, 4 - last choice), the camp you would prefer to counsel:
 _____ Conference _____ Chi Rho _____ Junior _____ Mini

Not interested in counseling? Please specify which position you wish to fill:
 Nurse Craft leader Recreation leader

Please list involvement you have had with children/teens in a camp and conference program _____

List dates of involvement as camp staff _____

I have skills in: Bible Storytelling Nature Skits Sports Campfire Worship Music
 Other _____

FAITH JOURNEY

Briefly describe the history of your Christian faith. How can you relate this to others in a church camp setting? _____

Date _____ Signature _____

TO BE COMPLETED BY A MEMBER AND A MINISTER OF THE CANDIDATE'S CONGREGATION

We recommend _____

For the position of: Counselor in Training (CIT) Assistant Counselor Counselor Director

During the summer camp and conference program of the Christian Church (Disciples of Christ) in Pennsylvania.

Signature of Member _____ Date _____

Signature of Minister _____ Date _____

PA DISCIPLES CAMP & CONFERENCE
COUNSELING STAFF
 REGISTRATION and HEALTH FORM

APPLICANT INFORMATION	Applicant name	Home phone	Cell phone
	Address, City, State, Zip		
	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Home church	Minister name	
	Camp week serving		

HEALTH INFORMATION	Are you frequently subject to:
	<input type="checkbox"/> Asthma <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Reaction to insect stings <input type="checkbox"/> Poison ivy, oak, sumac <input type="checkbox"/> Colds <input type="checkbox"/> Ear aches <input type="checkbox"/> Constipation <input type="checkbox"/> Athletes foot <input type="checkbox"/> Sore throat <input type="checkbox"/> Bronchitis <input type="checkbox"/> Convulsions <input type="checkbox"/> Other _____ <input type="checkbox"/> Sinusitis <input type="checkbox"/> Stomach problems <input type="checkbox"/> Diabetes
	Have you had (mark all that apply):
	<input type="checkbox"/> Appendectomy <input type="checkbox"/> Measles immunization <input type="checkbox"/> Chicken pox <input type="checkbox"/> Other _____ <input type="checkbox"/> Tonsilectomy <input type="checkbox"/> Mumps immunization <input type="checkbox"/> Whooping cough <input type="checkbox"/> Scarlet fever <input type="checkbox"/> DPT immunization <input type="checkbox"/> Tetanus immunization (list date) _____
	Do you have allergies? (please list) _____
	Will you need to take medication(s) at camp? Please list/explain: _____
	Do you have any diet or physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe) _____
	Primary Physician name _____ Physician phone _____
	Insurance name _____ Insured's name _____
	Group No. _____ Policy No. _____
Emergency contact _____ Phone No. _____	

i If you are under the age of 18, please have your parent or guardian complete this emergency release.

EMERGENCY RELEASE In case of an emergency, I hereby give permission to the Camp Director to secure the proper treatment for my (son/daughter), _____ and I will assume financial responsibility for any services which are rendered necessary. I agree not to hold the camp director, staff, the Christian Church in Pennsylvania, or the sponsoring churches responsible for any accident or illness which might occur to my (son/daughter) while a counselor at camp.

Signature of parent/guardian _____ Date _____

COUNSELOR COMMITMENT For the health and safety of all persons at camp: (1) Alcohol, illegal drugs, weapons, fireworks, and other hazardous substances are banned from camp. (2) Counselors are expected to display exemplary behavior at all times.

I understand and accept these rules.

Signature of counselor _____ Date _____



BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize the Christian Church (Disciples of Christ) in Pennsylvania, and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer or for the employment now, and if applicable, during the tenure of my volunteering or employment with the Christian Church (Disciples of Christ) in Pennsylvania.

I release the Christian Church (Disciples of Christ) in Pennsylvania and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits, in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full name (please print)

Maiden name or other names used

Present street address

How long?

City/State

Zip

Former street address

How long?

City/State

Zip

Date of Birth

Social Security No.

Driver's License No.

State of License

Signature

Date