

CAMP STAFF APPLICATION
WEBSTER COUNTY BAPTIST ASSOCIATION
CAMP DATES - July 14-17, 2019 - Children
July 17-20, 2018 - Middle School

Thank you for your desire to serve at camp this year!

This form must be returned no later than May 1, 2019 to:

Webster County Baptist Association
P.O. Box 286
Marshfield MO 65706

DATE: _____

Name _____ Circle One
Full Address _____ Female Male
City, State & Zip _____
Phone _____ E-Mail (required) _____
Church _____ Birthdate _____

Size of T-Shirt Needed (Circle Size) - Adult S M L XL 2X 3X

If this is your first year of service at Camp, Please give a brief testimony of your personal relationship with Jesus Christ.

Which Camp would you like to serve at?

_____ CHILDREN'S CAMP _____ MIDDLE SCHOOL CAMP

Please indicate the Positions you would like to fill at your selected camp(s).

1. _____ 2. _____

___ I am willing to serve wherever needed

Check here ___ to indicate that you agree to complete a mandatory criminal background check. You will receive an email link to complete the application. If you have had a background check completed in the last two years you can submit verification of that to the association office in lieu of a new check.

Failure to complete the background check process will make you ineligible to serve at camp.

EMERGENCY INFORMATION

Relative or Friend other than your Spouse: _____

Home Phone _____ Other Phone _____

Family Physician _____

Office Phone _____ Other Phone _____

Family Insurance _____ Policy # _____

ANY HEALTH PROBLEMS WE SHOULD KNOW ABOUT?

DATE OF LAST TETANUS SHOT _____

DO YOU HAVE ANY MEDICAL ALLERGIES?

ANY SPECIAL DIET REQUIREMENTS:

PLEASE LIST YOUR CURRENT PRESCRIPTION MEDICATIONS:

PERMISSION FOR EMERGENCY TREATMENT AND RELEASE

My permission is granted for the Camp Director, Assistant Director, or other staff person in charge to obtain necessary emergency medical attention on my behalf in case of sickness or injury to me. I understand this will be done only after every attempt has been made to contact my family as listed in the emergency information above.

I do hereby release and forever discharge the Webster County Baptist Association, all camp staff members, and the (Sponsoring) _____ Church free from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while I am serving on the staff of this camp.

I the undersigned do hereby verify that information contained in this application is correct. I further understand that I must have on file a satisfactory background check from my employer or have a check performed by completing the online application process.

DATE _____

Signature