

West Virginia District Youth Camp

Camp Staff Application

These Camp Staff forms were last revised on June 21, 2010.

_____ Sunday School Camp

(Must be 18 yrs of age)

_____ Youth Camp

(Must be 23 yrs of age)

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the District provide a safe and secure environment for the youth who participate in our camps. **NO ONE WILL BE PERMITTED TO WORK WITHOUT A COMPLETED FORM.** **We request that you DO NOT** come to camp expecting to work unless you have been notified by the District Superintendent, or the director in charge of the specified week.

APPLICANT (please print)

Name _____

Phone _____ Email _____

Address _____

City/State/Zip _____

Date of Birth ____/____/____ Age ____ Sex ____

Driver's License Number _____

Baptized in Jesus Name? ____ Yes ____ No

Filled with Holy Ghost? ____ Yes ____ No

Name of Church _____

Name of Pastor _____

List other churches you have attended regularly during the past five years:

Name of Church _____

Name of Pastor _____

Name of Church _____

Name of Pastor _____

POSITION (you must choose one)

I am applying to work in the following area: (check one)

___ Dorm Supervision (Must be required age of specified week)

___ Kitchen Cook (Help with food preparation)

___ Kitchen Help (Dishwasher, clean up of dining area)

___ Concession Help (Selling pop, candy, etc & clean up)

___ *Clean Up (Tabernacle & Grounds)

___ *Parking Cars (6:30-8:00 PM & patrol during service)

___ *Maintenance (Assisting in repairs, etc around campground)

___ Nurse/Medic (With training in medical or emergency field)

* Please send these forms to Bro. Priddy

PREVIOUS CAMP EXPERIENCE (ATTACH SEPARATE SHEET IF NECESSARY)

Have you ever worked at the West Virginia District Youth Camp? ____ Yes ____ No When? _____

Please express why you want to work at Youth Camp this year:

Information below must be filled out completely and a copy of the medical insurance coverage (card) must be attached in order to attend camp.

Family Doctor _____

Office Phone _____

Insurance Company Name _____

Policy # _____

Insurance Company Phone _____

Hospital Medical # (If HMO) _____

CONFIDENTIAL INFORMATION (ATTACH SEPARATE SHEET IF NECESSARY)

What type of children/youth work do you prefer? _____

Have you ever been **accused or convicted** of child abuse or a crime involving actual or attempted sexual molestation of a minor?

___Accused ___Convicted ___Neither If accused or convicted, explain: _____

Were you a victim of abuse or molestation while a minor? ___Yes ___No Explain _____

Have you ever been convicted of a traffic offense? ___Yes ___No If yes, please describe all convictions for the past five years _____

List all previous and present church work involving youth (please give church name, type of work, and dates) _____

List any gifts, callings, training, education or other factors that have prepared you for youth work: _____

REFERENCES (NO RELATIVES)

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone Number _____

Phone Number _____

CONSENT AND CERTIFICATION

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for youth work. I understand a criminal record check may be conducted as a result of this application. In consideration of the receipt and evaluation of this application by the West Virginia District Youth ministries. I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively or individually, from any and all liability for damages of whatever kind or nature which may at the time result to me, my heirs, my family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and Youth Camp Policies of the West Virginia District United Pentecostal Church, to comply with all Youth Camp Regulations and fulfill my job description given by the Executive Youth Camp Committee, and refrain from unscriptural conduct in the performance of my services on behalf of the district, I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

ALL YOUTH CAMP STAFF ARE ASKED TO ATTEND THE STAFF TRAINING SESSION ON THE MONDAY AFTERNOON (SPECIFIED WEEK OF CAMP) AT 1:00 PM, IN THE DINING HALL!

SIGNATURE _____ DATE _____

(IF UNDER 21) PARENT'S SIGNATURE _____ DATE _____

PASTOR NOTE: NO APPLICATION WILL BE ACCEPTED WITHOUT PASTOR'S SIGNATURE!

PASTOR'S SIGNATURE _____ DATE _____

(Pastor's signature signifies that he has reviewed the completed application and recommends this applicant and will take responsibility for the individual's actions while on the campground.)

PLEASE SUBMIT ALL COMPLETED WORKER APPLICATIONS AS FOLLOWS:

FOR SUNDAY SCHOOL CAMP, MAIL TO:

Rev. Paul Rounds
357 Parcoal Road
Webster Springs, WV 26288
(304) 847-2870

FOR YOUTH CAMP, MAIL TO:

Rev. David Bounds
PO Box 638
Gauley Bridge, WV 25085
(304) 632-1691

West Virginia District Youth Camp Camper Registration

These Camper forms were last revised on June 21, 2010.

Registration Fee \$95 Per Camper

_____ Sunday School Camp
(Ages 8-12) For dates, see wvupci.org/calendar

_____ Youth Camp
(Ages 13+) For dates, see wvupci.org/calendar

CAMPER (Please Print)

Name _____ Phone _____

Address _____ Email _____

City/State/Zip _____

Date of Birth _____ Age _____ Sex _____

Baptized in Jesus Name? _____ Yes _____ No Holy Ghost? _____ Yes _____ No

Do circumstances require an overnight stay on Friday? _____ Yes _____ No

(Only those who live over 100 miles away may stay on campground Sunday and/or Friday nights)

Do you plan to check out early? _____ Yes _____ No Who will be checking you out? _____

PARENT/GUARDIAN (Please Print)

Name _____ Phone _____

Address _____ Emergency Phone _____

City/State/Zip _____ Work Phone _____

Church Name _____ Church Phone _____

Pastor's Name _____ Pastor's Home Phone _____

Pastor's Mobile Phone _____ Pastor's Email _____

Alternate Contact _____ Relationship _____ Phone _____

HEALTH INFORMATION (Please Print)

_____ Yes _____ No Is your child being treated for any injury or sickness, or taking any form of medication for any reason? Which medications? _____
For what purpose? _____

_____ Yes _____ No Has your child been treated for any injury or sickness in the past 45 days?

_____ Yes _____ No Does your child have (or ever had) any of the following: (Please indicate by circling)
Seizure Disorders Asthma Heart Murmur Diabetes Hay Fever Kidney Disease

_____ Yes _____ No Does your child have any allergies? (Food, Medical, or Other)

_____ Yes _____ No Does your child ever sleep walk?

_____ Yes _____ No Does your child have any physical handicap or illness that prevents him/her from participating in normal rigorous activity?

If you answered, "YES" to any of the above questions please explain your answer on a separate piece of paper and attach it to this application.

Information below must be filled out completely and a copy of the medical insurance coverage (card) must be attached in order to attend camp.

Family Doctor _____ Office Phone _____

Insurance Company Name _____ Policy # _____

Insurance Company Phone _____ Hospital Medical # (If HMO) _____

CONSENT AND CERTIFICATION: Please read carefully

I, the understood, being the parent/guardian of the child named above (“child”), do hereby consent to the participation of my child in all of the scheduled activities during this year’s West Virginia District Youth Camp, and any other activities customarily associated with this camp. Further, I certify that my child is physically fit and adequately prepared to participate in all sporting events (unless otherwise noted in the medical information). If my child is involved in any destructive behavior or vandalism, I understand that my child and I will be financially responsible for their actions.

Medical Treatment Authorization – I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached. I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the Executive youth Camp Staff members to make emergency medical care decisions on behalf of my child, if required by law or health care provider. I, _____, understand the West Virginia District United Pentecostal Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify the Camp Office in the event of any health changes that would restrict my child’s participation in any normal youth camp activities. I also understand that adult supervisors reserve the right to withhold my child from any activity they feel is outside the physical capabilities of my child.

Insurance Information ~ A copy of your medical insurance coverage (card) **MUST** be provided for your child attending camp. The camp insurance **ONLY COVERS** as a **SECONDARY** coverage to **YOUR INSURANCE**. We **MUST** have this information in order to medically treat your children in case of emergency.

Head Lice Policy – In an effort to avoid embarrassment to the camper, please read and abide by the following procedure. Each camper **MUST PRESENT A STATEMENT FOR ONE of the following at the time of registration, declaring that the child has been checked and is free from head lice or eggs:** 1. A Physician 2. A Parent/Guardian 3. Pastor’s Statement. ***Any child found with head lice/eggs will not be allowed to register.*** If a child is found with lice/eggs after registration, the Pastor/Parent/Guardian will be contacted to 1. Return the camper home, or 2 Arrange treatment (camp staff will not provide treatment). The camper can be readmitted only if properly treated; a letter must be presented from a Pastor, Parent, or Guardian, or Physician stating that treatment was administered.

I will abide by Camp rules and dress codes, and be respectful, courteous and cooperative at all times. I understand that in violation of Camp rules I may be sent home at any time.

CAMPER’S SIGNATURE _____ **DATE** _____

I have reviewed the above information, including specifically the Consent and Certification, Medical Treatment Authorization, and Head Lice Policy sections. I do hereby grant authorizations as requested.

PARENT/GUARDIAN’S SIGNATURE _____ **DATE** _____

PASTOR’S NOTE: NO APPLICATION WILL BE ACCEPTED WITHOUT PASTOR’S SIGNATURE

By my signature, I am approving this camper for attendance at the Youth Camp indicated. I understand that I will also be responsible for the conduct of the applicant and that I will be notified of misconduct or disobeying camp rules.

PASTOR’S SIGNATURE _____ **DATE** _____

YOUTH CAMP REGISTRATION INFORMATION

PLEASE SUBMIT THIS APPLICATION WITH \$95.00 REGISTRATION FEE ACCORDING TO THESE DIRECTIONS:

<p>FOR SUNDAY SCHOOL CAMP: BRING THIS FORM & \$95 PAYMENT WITH YOU TO CAMPGROUND ON START DAY OF CAMP! If you have questions, contact Rev. Paul Rounds: Phone: (304) 847-2870 Email: SSDir@wvupci.org</p>	<p>YOUTH CAMP, MAIL FORM & PAYMENT TO: David Bounds, PO Box 638, Gauley Bridge, WV 25085 Please send registration forms within a reasonable enough time for them to arrive prior to the start of camp! Questions? (304) 632-1691 or YouthPres@wvupci.org</p>
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Make checks payable to ~ WV District UPCI

OFFICE USE ONLY: **Dorm Room #** **Fee #** **Cash/Check #** **Money Order**

West Virginia District Camp Rules and Regulations

I. General Rules

- A male and female camper will not be allowed to pair off away from other campers
- All male and female campers must remain at least 6 inches apart
- No holding hands or kissing will be permitted.
- All campers are to turn in car keys to Camp Dean or designate while at camp
- Campers MUST have HEAD dorm parent's permission to be out of dorm after hours
- No food or drinks in the dorm
- All campers (no exceptions) shall be present in classes, choir practice and services.
- No campers are permitted to be in cars while at camp. Immediate expulsion.
- Non-registered campers are not permitted on the campgrounds during the day activities
- No camper may leave the camp with friends or parents except by special permission from the Camp Dean or the Dean's designate
- Courtesy stay-overs: Only those who live over 100 miles away may stay on campground Sunday and/or Friday night. Such campers may register to stay in the dorm Sunday and/or Friday night (must specify this at registration). This is a sleeping privilege only. You must ensure the room is cleaned, and you must check out by 8 am on Saturday.
- No campers are permitted to be at or stay in the trailer park.
- Curfew for all campers and visitors is 12:00 Midnight. However, curfew will be adjusted for Campers Activities on Thursday evening.
- All campers MUST have meal ticket / ID bands on at all times for identification purposes.
- All campers MUST stay within assigned seating for services
- Fighting will not be tolerated. Immediate expulsion.
- No radios, CD players, etc. or ungodly music will be permitted on the campground.
- Campers will not be permitted to stay in dorm during the day.
- There will be no water battles, shaving cream battles, smoke bombs, etc. in the dorms at any time. This is strictly enforced.
- Any person damaging or destroying camp property or the property of another person shall be held responsible. Immediate expulsion.
- Violation of any rules or regulations can, after counsel of Pastor, Superintendent, and Dean, result in expulsion from camp.

II. Dress Code

- All campers, camp staff, and workers staying in the dormitories, trailer park, or motel must maintain the same holy dress standards. The camp Dean or designate shall decide all questions concerning dress code after consulting with the district Board or their designate when necessary.

Male Campers:

- Hair must be cut above the ears and off the collars. Side burns shall not extend below the ears. No facial hair.
- Shoes must be worn outside the dorm at all times.
- Proper undergarments must be worn at all times.
- Bermuda shorts / dress shorts of any kind will not be permitted. Modest sweatpants are permitted during recreation.
- Clothing with inappropriate writing on the front or back will not be permitted.
- Jewelry: No earrings, no bracelets (neither ankle nor wrist), and no necklaces are permitted.
- All shirts must be at least short sleeved.
- Night clothes must be worn when retiring for bed.

Female Campers

- Dresses and skirts must extend to a length that covers the knee while sitting.
- Blouses and dresses must have at least short sleeves. No cap sleeves, plunging necklines, or clothing that immodestly expose the body permitted.
- Splits in dresses or skirts will not be permitted above the knee.
- Shoes must be worn outside the dorm at all times.
- Proper undergarments must be worn at all times.
- Night clothes must be worn when retiring for bed.
- T-shirts that immodestly display the body will not be permitted.
- Clothing with inappropriate writing on the front or back will not be permitted.
- Shorts, slacks, scooter skirts or culottes will not be worn at camp.
- Jewelry: No earrings, no bracelets (neither ankle nor wrist), and no necklaces are permitted.
- Make-up: No lipstick, rouge, mascara, nail polish, etc to be worn.

III. Narcotics, Alcohol, Tobacco, Pornography:

- Narcotics, alcohol, tobacco, and pornography will not be tolerated in any form. Violations will result in immediate expulsion from the campground.

IV. Supplies Needed

- Bible
- Sheets
- Pillow w/ case
- Light blanket
- Towels
- Washcloths
- Soap
- Personal items