

2017 Camp Fircroft Staff Application

If you would like to serve the Lord at CAMP FIRCROFT this summer as a staff person, just follow these seven steps....

1. Choose the camp(s) in which you would like to serve!

____ High School (Entering 9th - 12th grade - & UNDER 18 - **July 10-15**)
____ Elementary (Entering 3rd - 5th grade **July 17-21**- - note: shorter week)
____ Jr. High (Entering 6th - 8th grade - **July 31-August 5**)

Dean: Pstr. Kyle Busenitz 271-2023
Dean: Pstr. Darrell Weiland 290-0139
Dean: Pstr. Rob Douglass 756-2591

2. Choose whether you are applying to serve as:

Counselor Jr. counselor Dishwasher Maintenance Person Other: _____

3. Fill in the information requested below!

Name _____ Age _____ T-shirt Size: S M L XL XXL XXXL

Address _____

Phone _____ Email/Facebook address _____ Church _____

(Unless cleared by the Camp Dean COUNSELORS for High School must be at least 2 years out of H.S.; for Elementary & Jr. High, counselors must be at least 18. JR. COUNSELORS must be at least 16 years of age for Elementary & Jr. High Camp and Kitchen staff must be at least 14 years of age.)

Staff Medical History (Required for hospital admission):

Allergies: _____

Medication being taken: _____ Date of last tetanus shot: _____

Other pertinent facts to which a physician should be alerted: _____

Physical problems or limitations: _____

If under 18, please fill out the following:

My student is in good health and able to participate in all normal activities with these limitations (state limitations or write "none"):

Name of student's Physician _____ Phone No. _____

I understand that my medical insurance is the primary insurance for my student and that Camp Fircroft insurance may not be adequate or may not apply to any injury my student might receive. The student named above is covered by medical insurance as follows: (or write "none"):

Insurance Company _____ Policy or Group Number _____

I consent, in the event all reasonable attempts to contact me at (Phone #) _____ or at (emergency phone #) _____ have been unsuccessful, that the sponsor of this outing may authorize hospitalization, anesthesia, surgery or other necessary medical treatment by a licensed physician or dentist for my student named above. I understand that this consent is given in advance of any specific treatment being required.

Signature of Parent or Guardian

Date

4. Please use the back of this page to: (1) Briefly describe your salvation experience and your devotional life and (2) Any previous Christian service you have performed. (3) If you are applying as a counselor or junior counselor, tell briefly how you would lead a young person to a) faith in Christ, and b) an assurance of salvation.

5. IF YOU ARE 18 OR OLDER, please complete the attached release authorization for our *Child Protection Policy* background check.

6. I have read and will support the Camp Fircroft doctrinal statement and Teaching Positions while at camp (attached).

Signature of applicant

Date

7. Give the completed form to your PASTOR! (Do not send it directly to the Camp Dean. Your pastor will fill in his comments on the back of this sheet and forward your application to the Camp Dean(s).) You will be notified of the Dean's decision.