

CAMP ECHECONNIE STAFF APPLICATION

NAME		SEX	MARITAL STATUS	
		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Married <input type="radio"/> Single	
ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH	AGE	PHONE (INCLUDING AREA CODE)		
EMAIL (PLEASE PRINT CLEARLY)		SHIRT SIZE (CIRCLE ONE)		
		SMALL MEDIUM LARGE X-LARGE OTHER: _____		
HOME CHURCH		PASTOR'S NAME	PASTOR'S PHONE NUMBER	

I AM INTERESTED IN WORKING IN THESE CAMPS & RETREATS:

Summer Camps: SENIOR JUNIOR FRESHMAN EXPLORERS

Retreats: WINTER SLUMBER PARTY GENERATION UNLEASHED

(NOTE: MAXIMUM OF 2 WEEKS OF SUMMER CAMP AS STAFF OR AS CAMPER/STAFF.)

I WOULD LIKE TO WORK IN THE FOLLOWING POSITIONS:

- | | |
|--|-----------------------------------|
| <input type="radio"/> Cabin Leader | <input type="radio"/> Life Guard |
| <input type="radio"/> Night Watchman | <input type="radio"/> Nurse |
| <input type="radio"/> Growth Group Leader | <input type="radio"/> Teacher |
| <input type="radio"/> Photographer | <input type="radio"/> Secretary |
| <input type="radio"/> Cabin Mom/Dad | <input type="radio"/> Dean |
| <input type="radio"/> Cook (Age 17+) | <input type="radio"/> Recreation |
| <input type="radio"/> Dining Room (Age 15+) | <input type="radio"/> Snack Shack |
| <input type="radio"/> Assistant Cabin Leader (age 16+) | |
| <input type="radio"/> Town Runner (Transportation needed.) | |

I WOULD LIKE TO HELP WITH:

- | | | |
|-------------------------------------|---------------------------------------|---------------------------------|
| <input type="radio"/> Crafts | <input type="radio"/> Music | <input type="radio"/> Fun Time |
| <input type="radio"/> Cooking | <input type="radio"/> Praise Team | <input type="radio"/> Drama |
| <input type="radio"/> Art | <input type="radio"/> Horseshoes | <input type="radio"/> Ping Pong |
| <input type="radio"/> Woodworking | <input type="radio"/> Volleyball | <input type="radio"/> Softball |
| <input type="radio"/> Soccer | <input type="radio"/> Swim Lessons | <input type="radio"/> Tennis |
| <input type="radio"/> Basketball | <input type="radio"/> Multi-media | <input type="radio"/> Cooking |
| <input type="radio"/> 4-Square | <input type="radio"/> Frisbee Golf | <input type="radio"/> |
| <input type="radio"/> Photography | <input type="radio"/> Archery | <input type="radio"/> |
| <input type="radio"/> Sign Language | <input type="radio"/> First Aid Class | <input type="radio"/> |

CERTIFICATION OF UNDERSTANDING

*I certify that all the information provided on this application is accurate to the best of my knowledge.

*I have read and agree to abide by the camp's policies and disciplines as onlined at www.gacogop.org

*(New) All staff are required to be at the campground Saturday evening for a general staff meeting.

Any exceptions must be approved by the camp director in advance. Any campers accompanying you on Saturday will be your responsibility including meals, behavior, sleeping arrangements (follow camp guidelines).

*The kitchen will not be open until Sunday's evening meal.

*Don't forget to make prior arrangements for your children who are not of camp age.

Applicant: _____ Date: _____

MEDICAL INFORMATION

Name: _____

Please list any health issues: _____

Medications currently taking, including dosage: _____

Medication or Food Allergies: _____

I understand that the camp has a No Nit policy and that a head-check for lice will be performed at registration

INSURANCE INFORMATION

Do you have health insurance: Yes No

If yes, please provide insurance information below.

Name of insurance company: _____

Policy and/or Group #: _____

In the event of an accident, injury, sickness or any medical emergency, I give my permission to the camp administration and physician selected to secure proper treatment, to hospitalize, to order injection, anesthesia, and/or surgery. I also understand that my medical insurance will be given as the Primary Insurance followed by the camp insurance as the secondary. I further understand that if any sickness or if any accident should occur prior to camp, these are cases for which the camp insurance is not responsible.

Staff Signature: _____ Date: _____