

**OFFICE USE ONLY**

Date \_\_\_\_\_ Amount Rec'd \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Church Attending \_\_\_\_\_

**APPLICATION FORM FOR CAMP GENEVA**

**JUNE 10-14, 2012**

Junior Counselor

(Information received is strictly confidential)

We recognize that this Camp Geneva application form is extensive. We wish we did not have to ask these questions. However, in our desire to reduce the risk of abuse within our camping program, we believe this information is necessary to protect our volunteers. Thank you in advance for your understanding

**Personal Information**

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(For info on camp updates!)

Driver's License # and State: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address (if different from Junior Counselor's): \_\_\_\_\_

**Emergency Contact:**

Phone Number: Day: \_\_\_\_\_ Night: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Payment enclosed — Junior Counselor Fee is \$250. Please make checks payable to the church the Junior Counselor is registering with (for example FPC Orlando, FPC Maitland, or FPC Deland).

T-Shirt Size (included in Junior Counselor Fee):

Adult Medium       Adult Large       Adult XL       Adult XXL

**Personal History**

Elementary and Secondary School – Grade Completed: \_\_\_\_\_

Age during Camp: \_\_\_\_\_

Hobbies, Interests, or Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Spiritual History**

What church do you attend? \_\_\_\_\_ City: \_\_\_\_\_

Are you a member? Yes or No      How long have you attended? \_\_\_\_\_

Pastor or Minister Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_. In a brief paragraph, please outline your spiritual journey: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ministry Information**

What leadership/volunteer experience have you had with children? List all previous church work or other work involving children (identify place and type of work – list supervisors).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any gifts, training, education, or other factors that have prepared you to work with children:

\_\_\_\_\_  
\_\_\_\_\_

Our campers are 1<sup>st</sup> – 5<sup>th</sup> graders. Do you have a preference as to the age you would be assigned?

\_\_\_\_\_

**Confidential Information**

In order to provide a safe and secure environment for our children, we believe it is necessary to include the following questions as part of our application process. All information will be kept strictly confidential by the Children’s Ministry Department (Police may access this information, under warrant, if requested). Answering yes to any of the questions may not necessarily preclude your involvement in Camp Geneva. Thank you in advance for your understanding.

Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry with children? \_\_\_\_\_

Would you like to meet with a pastor regarding this circumstance? \_\_\_\_\_

Have you ever been convicted for the use or sale of drugs? \_\_\_\_\_

Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_

Have you ever been convicted of a criminal offense (exclude minor traffic violations)? \_\_\_\_\_

Have you ever been accused, arrested, or convicted for any abuse related crimes? \_\_\_\_\_

Have you ever been accused, arrested, or convicted for any sexually related crimes? \_\_\_\_\_

Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children? \_\_\_\_\_

If you have answered yes to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical conditions that would prevent you from performing certain types of activities (running, playing sports, etc.)? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

**References**

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside the church.

1. Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Release of Information and Declaration of Intent

I hereby give First Presbyterian Church of Orlando permission to contact persons named as references to ascertain my suitability for volunteer ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I also grant my permission for First Presbyterian Church of Orlando to perform a personal criminal records check, if deemed necessary, for purposes of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in extreme confidentiality. I agree to adhere to the child protection guidelines as adopted by this church.

I understand that if my character or morals should be inappropriate and/or criminal at any time during my volunteer service, First Presbyterian Church of Orlando will be entitled to terminate my assistance without expressed cause or prior notice regardless of any oral or written statements by First Presbyterian Church of Orlando prior to, at, or following the date of volunteer service.

I understand that First Presbyterian Church of Orlando is responsible for the welfare of any person or persons entrusted to my care, and thus, I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter, in my role as a volunteer, confidential. If at any time I find that for any reason I am unable to support the policies, procedures, or doctrines of First Presbyterian Church of Orlando, I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures, or doctrines and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I hereby acknowledge that the information contained in this application for volunteer ministry is correct to the best of my knowledge.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# 2012 CAMP GENEVA HEALTH FORM

WE MUST HAVE COMPLETE HEALTH INFORMATION TO ACCEPT REGISTRATION

Junior Counselor's Name: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Your health insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**(PLEASE DO NOT OMIT THIS INFORMATION!)**

Physical/mental limitations of which we should be aware: \_\_\_\_\_

ALLERGY TO: \_\_\_\_\_

Please give specific symptoms of reaction (i.e. -itching, rash, swelling, shortness of breath, etc) \_\_\_\_\_

Action to be taken (i.e. - call parent, administer anti-histamine, etc) \_\_\_\_\_

**Any prescribed medications must be checked in with the camp nurse. The Prescription Drug Form must be completed, including the physician's signature, and turned in with registration materials. This would include any parent supplied medication other than Tylenol.**

Are there any special dietary concerns and/or any physical condition that the Camp Nurse and/or Camp Director should be aware of (i.e. Diabetes, Asthma, Heart Conditions, etc.)? If so, please detail them:

## Parent/Guardian Authorization

In signing this form:

I hereby certify that this application and health information are correct.

I give permission for the use of photography including myself/my son or daughter to be used in any future camp publicity.

I hereby give my permission for myself/my child to participate in an activity organized by the First Presbyterian Church of Orlando (FPC). I hereby release, hold harmless and absolve FPC and Presbyterians for Renewal, their officers, staff, sponsors and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss, or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event my child require(s) medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they can not be reached, I hereby consent and give my permission to the FPC staff or any adult counselor acting on behalf of FPC with respect to the activity, to consent to any X-Ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my/my child's medical allergies, medications being taken, medical problems or other pertinent information

I understand that in the case of an emergency, every effort will be made to contact me. If I cannot be reached at the numbers supplied, I hereby give permission for my child's physician to be contacted. If such contact cannot be made, I give permission for the use of staff or ambulance transport to an emergency room, for the hospital physician to secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida, County of \_\_\_\_\_

Signature and stamp of notary: \_\_\_\_\_ Date: \_\_\_\_\_

FORM MUST BE NOTARIZED SO CHILD CAN BE TREATED BY DOCTOR IN CASE OF EMERGENCY

# Camp Geneva Prescription Drug Form

*(For parent-supplied medication, other than Tylenol)*

Date: \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_, to have the following medication administered by the camp nurse or designated camp personnel:

Name and dosage of medication: \_\_\_\_\_

Dosage instructions (Please be specific, i.e. time, with meals, etc.)

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- All prescription medications must have a physician's and parent's signature.
- All medications administered at camp must be checked in with the camp nurse.
- All medications must be received in its **original** container and must be labeled with the child's name.
- This authorization is valid only for Camp Geneva 2012 and must be renewed each year.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHYSICIAN'S signature is required for ALL PRESCRIPTION medication.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN'S signature is required for ALL MEDICATIONS.

## Camp Geneva Counselor Covenant

Counselors play a pivotal role in the success of Camp Geneva. Counselors have the power, through their attitudes and actions, to make camp a wonderful experience of Christian fellowship for the campers. As a Camp Geneva Counselor, the Planning Team asks that you read, sign, and abide by this covenant to ensure that this nurturing environment is created.

**As a Camp Geneva Counselor I promise to:**

- ◆ Carefully supervise all of the campers in my care at all times. (Campers are never allowed to wander around camp without a counselor.)
- ◆ Support the camp program by **attending** and **participating** in **all** camp events **with my campers**.
- ◆ Reinforce the camp theme and teaching concepts through my leadership of morning quiet times and evening devotions.
- ◆ Abide by the "Policy for Child Abuse Prevention" in my conduct and supervision of campers.
- ◆ Support and build a positive relationship with other counselors and staff and work as a team to provide excellent care for our campers.
- ◆ Refrain from any behavior that does not build up the body of Christ in a camp environment for children such as: coarse language, inappropriate dress, alcohol and tobacco consumption, violating camp rules and regulations, and gossip.
- ◆ Monitor the behavior of campers in my care and correct behavior when necessary.
- ◆ **Wear appropriate swimwear** (one-piece bathing suits for women, no Speedo's for men.)
- ◆ Confiscate any water guns, water balloons, silly string, cell phones, or shaving cream that campers may bring to camp.
- ◆ Be aware of the children in my cabin who require daily medication or medical attention and get them to the camp nurse.
- ◆ Communicate immediately and directly with the Director of Camp Geneva about problems in working with other counselors or discipline concerns with campers.
- ◆ Leave at home **all** personal CD Players, electronic games, water guns, water balloons, and silly string.

As a Camp Geneva Counselor, I understand that if I violate this covenant, I will be held accountable for my actions. If at any time I find that for any reason I am unable to support the policies, procedures, or teachings of Camp Geneva, I will gracefully and quietly resign my position as a camp counselor.

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Counselor's Signature

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Date

Please make checks payable to First Presbyterian Church of Orlando

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

**Permission, Release and Consent**

I hereby give my permission for myself/my child to participate in an activity organized by the First Presbyterian Church of Orlando (FPC). I hereby release, hold harmless and absolve FPC and Presbyterians for Renewal, their officers, staff, sponsors and all others who have participated in the planning, organizing and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I/my child require(s) medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the FPC staff or any adult counselor acting on behalf of FPC with respect to the activity, to consent to any X-Ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all of my/my child's medical allergies, medications being taken, medical problems or other pertinent information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Allergies, medication being taken, medical problems or other pertinent information:

Emergency Contact and Phone #: \_\_\_\_\_

Doctor's Name and Phone #: \_\_\_\_\_

**IDENTIFICATION CARD**

Participant: \_\_\_\_\_

The above named participant is covered for accidental medical expenses with The Hartford Insurance Group through First Presbyterian Church of Orlando. All medical claims should be filed on the Hartford claim forms only. This Insurance is in effect for a year from the date of signing.

Signature

Date

The Hartford Insurance Group Policy Number: 21SR275679