

Manton Youth Camps

Camp Licensing # CR 830200737 Site # 0373 Rules 109.4,

Volunteer Staff

CHECK DESIRED YOUTH CAMP: Camp Impact (Senior & Junior High)
CLC Camp

Name: _____ Male
 Female

Last

First

MI

Race:

Address: _____

Street Address City State

Zip

Phone Numbers:

Home

Work

Cell

Best times to reach me at home are: _____ May we call you at work? Yes
 No

E-Mail: _____ T-Shirt size _____

Church Name: _____ Phone #: _____

Date of Birth: _____ Camp Position Desired: _____

Will you give us permission to verify your information through a background check? Yes No

Please Give a Brief Testimony of Your Faith and Christian Experience:

State law requires we ask the following questions:

A. Have you been convicted of a crime other than a traffic violation?

No

Yes (explain): _____

B. Will you adhere to the State Child Protection Laws?

Yes (signature) _____

Rule #113 states "a camper shall not be deprived of food or sleep, be placed alone without staff supervision, observation, and interaction, or be subject to ridicule, threat, corporal punishment, or excessive physical exercise."

C. Please list previous work history including any camp experiences:

State law requires each volunteer to complete a *State Registry Clearance Form* from your local DHS office.

State law requires a 3 hour pre-camp training program: Will you plan on attending this program? Yes No

While we do not encourage workers to bring their children, we understand some situations are unavoidable; however, this must be approved by the camp directors. Note: Children must be supervised by you, at all times. It is the responsibility of the worker (you) to provide adequate supervision.

Will you be bringing children? Yes No If yes, how many? _____

State law requires three references (who are not members of your family) and their phone numbers.

First Reference: _____ Phone #: _____

Second Reference: _____ Phone #: _____

Your Pastor's Signature: _____ Phone #: _____

** Pastors, we rely heavily on your recommendation of this applicant—your signature indicates this person is an emotionally and spiritually mature individual and is a good role model for our campers.*

STAFF MEMBER HEALTH HISTORY RECORD

Rules 125.1, 125.2

Physician's name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

List any allergies you have, if any:

List any physical limitations or health problems you have, including current infectious diseases, if any:

List and medications you take regularly:

- Name: _____ Frequency: _____ Dosage: _____

- Name: _____ Frequency: _____ Dosage: _____

- Name: _____ Frequency: _____ Dosage: _____

***If you are a qualified health officer planning to work at camp, you will need to be at camp early in order to examine each camper.**

CAREFULLY READ THE FOLLOWING

Should my application be accepted, I will abide by the standard and guidelines of the Free Methodist Church and its camps as defined in the Book of Discipline of the FMC-USA., and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of the Youth Camps. If I violate these guidelines I understand my volunteer status may be terminated. By signing this application, I state all of the information given about myself in this application is correct to the best of my knowledge, and may be verified by the Youth Camps.

Signature Date Parent/Guardian Signature (if under 18 years old)

*Note we will try to put you in the position desired if possible. You must be 18 years old to be a Counselor, and at least 16 years old to be a Junior Counselor. ***If under 18 years old you must include a photo copy of your insurance card.***

Also, a camper registration form is needed for each minor worker with the health information portion completed, along with the signed treatment consent.

You will need to fill out a separate application form for each camp you may be working this summer. Please send each application to the respective camp directors. They are:

Camp Impact

Pastor Chris Anton
59 Orchard Dr
Sparta, MI 49345
(231) 286-0364

canton@thespringschurch.info

CLC CAMP

Pastor Jason Reynolds
845 State St

Boyne City, MI 49712
(231) 582-6843

jayrayjoe@yahoo.com_