

2010 Adult/Teen Staff Application Form

for United Youth Camps sponsored by: United Church of God, an International Association

North Central Region Pre-Teen Youth Camp

Ironwood Springs – Rochester, MN

July 25 – 28, 2010

www.ucgpreteencamps.org

APPLICATION DEADLINE: JUNE 30, 2010

Attach a Recent
Photo Here

Note: Application cannot
be processed without
a recent photo.

Date of Photo: _____

Tracking Box (Office Use)

Date Rec'd: _____

Paid? _____

Health History/Exam Rec'd? _____

Ministerial Evaluation Rec'd? _____

Acceptance Letter Sent? _____

PERSONAL INFORMATION

Applicant's name (print): Last First Middle

Address:

City: State: Zip: Sex: Female Male

Birth Date: / / Telephone number: ()

E-mail address: *(All communication will be sent via Email – please write legibly!)*

Do you attend church regularly? Yes No Age by end of camp this year:

Congregation: Pastor's Name:

Adult T-Shirt Size (Circle One) S M L XL XXL

Have you attended United camps before? Yes No If yes, when and where (most recent first)?

List all United Camp(s) you're attending this year: 1. 2.

Swimming proficiency: Can't swim Beginner Intermediate Skilled

Are you a current lifeguard? Yes No If current in first aid, CPR, etc, please list: _____

APPLICATION SUPPLEMENT and HEALTH

Required: You must complete the Health History and Examination Form for your application to be complete. Health Exams are good for 24 months.

Since some of our staff may transport campers on occasion, do you have a driver's license? Yes No

If yes, please give the state and license number: State _____ License Number _____

Do you have any health problems, disabilities, severe allergies or any other condition that may require treatment at camp or that could limit your camp experience and full participation? Yes No If yes, please explain (attach note if needed for full explanation):

List any on-going medical care or medication you are taking (if none, state "NONE"):

POSITION(S) APPLYING FOR

Check the area you would like to serve in this year:

Counselor Assistant Counselor Medical Staff Activity Instructor

Activity Areas - Number the areas you would like to serve in order of preference:

	Crafts		Field Games		Snacks / Meal Prep
	Nature / Exploring		Swimming		Laundry / Custodian
	Indoor Games		Zip Line & Mini Farm		Photography

List your experience:

REASON FOR APPLYING

If selected as a staff member, what can you contribute to camp?

Applicant's signature: _____

CAMP FEES

Cost of the Camp (excluding transportation) is **\$85** for Teen Staff - **\$0** for Adult Staff.

Additional Adult Lodging (Adult Staff may opt to stay in the **Miracle Lodge** for **\$50 / person**). Rooms sleep 2-4 persons. Bring your own sheets.

Please enclose a check or money order for the amount made payable to **UCG PreTeen Camp**

Mail to Application, Fee & Health Exam to: Cory & Colene Erickson – 818 Spring Hill Court – Woodbury, MN 55125

AGREEMENT AND RELEASE

Compliance with Rules: All United Youth Camps maintain a high standard of conduct and dress, based on God's laws, which is further stated in the Code of Honor. These standards and rules include, but are not limited to: No alcohol on site. No possession or use of tobacco or illegal drugs; no sexual misconduct, theft, smoking, disorderly conduct, profanity, destruction of property or refusal to cooperate fully with the camp staff. Jewelry for body piercings (other than earrings for females), short shorts, midriiffs, halter-tops or wearing revealing or other inappropriate apparel (or the lack thereof) will not be allowed. Hair should not be an unnatural color, and hair length should be appropriate (short for boys, longer for girls). Pets and personal sports equipment are not allowed at camp, except as noted in the acceptance package. Use of private vehicles is prohibited without approval from the camp director. Firearms or other weapons (except pocketknives) may not be brought without the written permission of the camp director. Under certain circumstances I am aware that a search of my belongings or living quarters may be made in my presence by camp staff. Attendees who do not comply with the camp's rules and standards, or whose conduct or attitude undermines the positive environment and objectives of the camp, or who have made any false, misleading or incomplete statement in this application or the Health History and Examination Form, are subject to being dismissed. If a worker is dismissed, he or she will be sent home at his/her own or his/her parent's expense.

Photo Release: By my/our signature(s) below, I/we also hereby give consent and permission to the non-exclusive, non-commercial reproduction, publication or use by United Church of God, *an International Association* ("Church") or anyone authorized by them, of any pictures or photographs (still, video or motion, individual or group), taken of the applicant at any United Youth Camp or its related activities (including travel) or, if taken during any other Church-related activities, together with any caption or descriptive material, including the individual/camper's name, without compensation to the undersigned. Said picture(s) may be used, without limitation, on Church Web site(s), in Church publications, in "Festival" or other videos or promotions created by the Church, in Church-sponsored advertising or in any television program or broadcast approved by the Church.

General Release: In consideration of the applicant being allowed to attend the camp, I/we hereby release, indemnify, save and hold harmless and covenant not to sue the United Church of God, *an International Association*, its officers, Council of Elders, agents, employees, volunteers and helpers and any other related entity (hereinafter collectively called the "Church") from all actions, claims, demands or suits which are based upon or result from injuries sustained by the applicant arising out of, or in the course of, said applicant's participation or attendance at the camp. This release, however, shall not be applicable to claims covered by the Church's liability insurance but is applicable to claims not covered by that insurance. *It is recommended that you have your own insurance protection* since you are participating at your own risk.

Parent(s) of Minors: I/we give permission for (applicant's name) _____ to attend United Youth Camp, to participate in the activities it offers, to be transported in camp-designated vehicles for any off-site activities and understand that if he/she violates camp rules or standards or endangers the safety or well-being of the camp or staff or otherwise fails to comply with the foregoing requirements to which he/she has agreed, that he/she can be sent home at the camp director's request, which, I/we agree, will be at my/our expense. I/we understand there is no reimbursement of fees after camp starts. Permission is hereby given to search staff belongings or living quarters with him/her present when health, well-being or safety of the staffer or others requires it, or where there has been an accusation or some evidence of his/her possession or use of forbidden materials or substances. I/we believe my/our son/daughter is in good health and can participate in strenuous activities and the usual routine associated with camp life. I/we verify and concur that the information supplied in this application and on the Health History and Examination Form is true and complete and agree with the photo release above.

Primary phone number(s) where I/we can usually be reached: _____

Auxiliary phone(s) (pagers, etc.) of friends/relatives where I/we can be reached: _____

Are you aware of any special needs of your son/daughter such as facilities, medical attention, supervision or counseling? If yes, please describe.

Signature(s): I/we have read, fully understand and agree to the foregoing, including the photo and general release statements above.

X _____ Date _____
Applicant Signature

X _____ Date _____
Father's Signature

X _____ Date _____
Mother's Signature

Mail Application, Fee and Health Exam to Cory & Colene Erickson by June 30, 2010