



STAFF Application - Minor

APPLICATION MUST INCLUDE A COPY OF THE FRONT/BACK OF CAMPER'S HEALTH INSURANCE CARD AND COPY OF THE MOST RECENT DATES OF IMMUNIZATIONS

Please print in Black ink Only

Camp Dates: June 16 - 23th,

Volunteers Last Name		First	
Address		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Birth date _____
City		State	Zip
Home Phone ()		Home Church	
IMPORTANT: All correspondence will be done by parent email—We MUST have a parent email address-legible-able to read easily.			
Volunteers Email		Parent's Email	
Last School Grade completed by June 2012 (Circle)		6 7 8 9 10 11 12	
T-Shirt Size (Circle) CHILD Medium or Large		ADULT Small Medium Large Xlarge XXL 3X	
PHOTOGRAPHY: Opportunity Camp routinely uses photos and video taken from events for print, web and video applications. Your signed registration constitutes permission given to Opportunity Camp for such purposes. <input type="checkbox"/> OK <input type="checkbox"/> Please do not photograph this child			
As a volunteer for Opportunity Camp I understand this is a Ministry of the Walnut Creek Church of Christ and I understand the teaching m I agree to use the bible as a reference source for teaching the daily themes and camp theme as outlined in my teaching packet.			
I agree to comply with the policies and practices of Opportunity Camp. I further agree to work in whichever position I am assigned.			
Parents/Guardians Names			
Father's Work Phone ()		Father's Cell Phone ()	
Mother's Work Phone ()		Mother's Cell Phone ()	
1. Emergency Contact Name (Other than parents)			
Phone ()		Relationship	
2. Emergency Contact Name (Other than parents)			
Phone ()		Relationship	
Medical Information: ~ Please include a copy of the front/back of the camper's insurance card ~			
Allergies: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Poison Oak <input type="checkbox"/> Insect Bites <input type="checkbox"/> Bee Stings Food Allergies: <input type="checkbox"/> Dairy <input type="checkbox"/> Food/Kind <input type="checkbox"/> Other _____			
<input type="checkbox"/> Penicillin/Other Medications _____		Reactions _____	
Is your child able to participate in normal physical activities? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain: _____			
Please tell us about your child's behavior or any ongoing chronic conditions. _____			
Are there any over the counter medications your child SHOULD NOT take? (ie: aspirin, Tylenol, Benadryl, Advil, etc.)			
<input type="checkbox"/> YES <input type="checkbox"/> NO Explain _____			
Describe any health conditions (significant behavior issues, special needs, etc) requiring medications, treatment or special restrictions or considerations while at camp. _____			
Insurance Health Carrier Policy # Phone (8 0 0) _____			
Does camper take any medications daily? (Circle) YES NO If YES, complete the table on the left below.			
NOTE: All medications must be will be checked-in with the nurse at registration and should be in the original dosage container.			

AGREEMENT WITH PARENT or GUARDIAN * In consideration of the acceptance of this applicant, Authorization is given in advance for any adult camp staff member to consent to any medical or surgical diagnosis, treatment and/or hospitalization which which is deemed necessary for the duration of camp. I also agree to be financially responsible for all said treatment. I hereby release the camp staff and Opportunity Camp from liability with this applicant's participation at camp. I understand that I will be required to pick my child up if he/she does not abide by the camp rules. * **I have read and understand this agreement and what is expected at camp.**

Signature of Parent/Guardian _____ Date _____

Signature of Volunteer Staff _____ Date _____



Minor Volunteer Staff Application Cont.

Please print in Black ink Only

Camp Dates: June 16 - 23rd, 2012

In an effort to facilitate our staffing needs, and try to accommodate your desired areas of interest, we ask you please identify three separate choices for jobs you would like to work during Opportunity Camp

1st Choice:

2nd Choice:

3rd Choice:

Have you ever worked with children before? Yes _____ No _____ If yes, please explain _____

Are you a certified Lifeguard? Yes _____ No _____ Certification Current? Yes _____ No _____

If certification is not current, can you update your status before camp? Yes _____ No _____

Are you a Special Ed. Teacher? Yes _____ No _____

Are you a Mental Health or Social Services Worker? Yes _____ No _____

If yes, please describe your experience:

AGREEMENT WITH PARENT or GUARDIAN

Disclosure: Camp and the rope challenge course involves a variety of activities including warm-ups, games, group initiative problems, low high challenge course elements, and other rigorous physical adventure activities. The level of participation in the ropes course is entirely voluntary at all times. Safety measures have been designed into the program (highly trained staff, state of the art equipment, and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant. Your signature also allows you to sleep on any upper bunk.

In consideration of the acceptance of this applicant, I, the undersigned, consent to the applicant's participation in camp. I affirm my health is good, and that I'm not under a physician's care for any undisclosed condition that might endanger his/her health or that of other participants. I recognize the inherent risk of injury or disability and understand that each participant must assume the risk of physical injury that could result from any camp or rope activity. Further, authorization is given in advance for any adult camp staff member to consent to any medical or surgical diagnosis, treatment, and/or hospitalization which is deemed necessary for the duration of camp. I also agree to be financially responsible for all said treatment.

I request, authorize, and consent to the release of information to Opportunity Camp regarding my experience, education, or medical history and other related matters, including personal references as may be necessary for a staff position I am volunteering for.

I hereby release the camp staff, and WCCC - Opportunity Camp from liability with my participation at camp.

Signature of Parent/Guardian _____ **Date** _____

I have provided complete and truthful information to Opportunity Camp regarding all sources of information about my past employment, education, beliefs, criminal conviction record, as well as any other information requested in this camp staff application. I am aware that any misrepresentations or omissions concerning such information will be grounds for denying my application.

I request, authorize, and consent to the release of information to Opportunity Camp regarding my previous experience, education, or medical history and other related matters, including personal references as may be necessary for a staff position

Should my application be accepted, I agree to comply with the policies and practices of Opportunity Camp. I further agree to work in whichever position I am assigned. I will commit to serving the children through this ministry, do whatever is needed to fulfill my role at camp, meet all staff requirements, prepare myself physically, mentally, and spiritually, to meet all challenges before me and participate in all activities.

Signature of Volunteer Staff _____ **Date** _____

Mail forms and a copy of the front and back of your insurance card and copy of the most recent dates of immunization

Opportunity Camp ~ 500 Minert Rd. Walnut Creek, CA. 94598

4/10/11

2012

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4/10/11

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