

**Christian Church (Disciples of Christ) in Illinois and Wisconsin  
 Staff Application for Summer Youth Camp Programs  
 1011 North Main  
 Bloomington, IL 61701-1753  
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APPLICATION FOR: \_\_\_\_\_ Camp(s) Name(s) \_\_\_\_\_  
 \_\_\_\_\_ Director \_\_\_\_\_ How many years have you attended? \_\_\_\_\_

\_\_\_\_\_ Counselor - I prefer the following age group. Jr. \_\_\_\_\_ Jr. Hi \_\_\_\_\_ Sr. Hi. \_\_\_\_\_  
 (Please check all ages that apply.)

\_\_\_\_\_ Counselor-In-Training requirements below: What church do you attend? \_\_\_\_\_  
 (Minimum of 16 years of age)  
 ▪ Prior agreement of Camp Director  
 ▪ Same fee as a 2008 Camper  
 ▪ Three Letters of Reference are required from Pastor, previous Camp Director, and Regional Camp Staff Member  
 ▪ Every C-I-T must fill out a Staff Registration/Health Form

~ EVERYONE MUST FILL OUT A HEALTH FORM. ~

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ S.S.# \_\_\_\_\_

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

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (If calls are OK)(\_\_\_\_) \_\_\_\_\_

Driver's License # \_\_\_\_\_ E-mail \_\_\_\_\_

**The State of Illinois requires all Camp Directors and Counselors to provide Date of Birth, Social Security Number, and Driver's License Number to facilitate a background check.**

Name of person inviting candidate. (If applicable) \_\_\_\_\_

Please list three persons *other than family* who are familiar with your character as it relates to working with children or youth. One of these must be your pastor or other church officer.

Name \_\_\_\_\_ Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/state/zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

## Prior Experience with children or youth that would equip me to serve in camp:

1. Activity or Experience \_\_\_\_\_ Date of Activities \_\_\_\_\_

Location \_\_\_\_\_ Grade or age range of participants \_\_\_\_\_

Contact Person \_\_\_\_\_ Address \_\_\_\_\_

2. Activity or Experience \_\_\_\_\_ Date of Activities \_\_\_\_\_

Location \_\_\_\_\_ Grade or age range of participants \_\_\_\_\_

Contact Person \_\_\_\_\_ Address \_\_\_\_\_

## Potential Contributions--Skills, gifts, interests that I, as a CCIW Volunteer Staff Member could contribute to camping ministries of the Christian Church in Illinois and Wisconsin:

At the time of the camp program, I will have current certification in:

\_\_\_\_\_ CPR; \_\_\_\_\_ First Aid; \_\_\_\_\_ Life-Saving and/or Water Safety Instruction

### Authorization, Affidavit and Covenant

I, \_\_\_\_\_ hereby authorize the Regional Staff of the Christian Church (Disciples of Christ) in Illinois and Wisconsin to contact any of the following persons or entities for the purpose of evaluating my fitness as a camp counselor, director or counselor-in-training:

1. Any prior employers
2. Any educational institutions I have attended
3. Any sponsor of a child-related or youth-related activity in which I have participated
4. Any reference I have listed
5. Police background check.

I \_\_\_\_\_ have / \_\_\_\_\_ have not been convicted of a misdemeanor regarding sexual activity, or a felony of any kind. (If you checked "have," please explain on a separate page, the date and circumstances in detail.)

I, as a volunteer for youth leadership in the Christian Church in Illinois and Wisconsin, hereby covenant that I will conduct myself in a morally upright manner at all times while participating in regional youth events. I will behave in a restrained, responsible, and professional manner while at such events, and will limit physical contact with youth to actions that will in no way be construed as sexually permissive or suggestive.

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

**STAFF HEALTH FORM**

Staff Name \_\_\_\_\_

**ALL Directors, Counselors, Counselors in Training, and site Staff must complete this form.**

Please complete this Health History (in full) and return it with your Registration. This form is confidential, and information will only be used to ensure the health and safety of all participants. **PLEASE PRINT!**

**PART I Illness** Check those that apply and provide appropriate dates

<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Seizures	_____

**PART II Please specify any Allergies** a camp participant has and nature of any reaction.

<input type="checkbox"/> Animals	<input type="checkbox"/> Medicines/Drugs (specify)	<input type="checkbox"/> Pollen
<input type="checkbox"/> Food (please list) _____		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Insect Stings (specify)	_____
<input type="checkbox"/> Plants	_____	_____

**PART III Other Health Conditions** Check those that apply

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Sickle Cell Trait/Disease	
<input type="checkbox"/> Constipation	<input type="checkbox"/> Menstrual Cramps	<input type="checkbox"/> Sleep Disturbances
<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Recent Surgery (specify)
<input type="checkbox"/> Fainting	<input type="checkbox"/> Nosebleeds	_____
<input type="checkbox"/> Date Last Tetanus	<input type="checkbox"/> Tetanus Booster	<input type="checkbox"/> OK to take Tylenol
_____	_____	

Physical Limitations \_\_\_\_\_ Mental Limitations \_\_\_\_\_

**PART IV Other Information** Check all that applyThe following health aids are worn:  Glasses  Contact Lenses  Hearing Aid  Retainer  Other

(Please specify.) \_\_\_\_\_

Do you need assistance walking on uneven ground? YES NO      Do you have nightmares? YES NO

Do you wear a knee or other brace? YES NO      If yes, what type of brace?

\_\_\_\_\_

Do you have any outstanding fears? YES NO      If yes, what type of fears?

\_\_\_\_\_

Please specify any dietary needs (such as vegetarian, dietary restrictions, or food allergy) that may be affected at camp. Please list below, if special foods are required.

\_\_\_\_\_

\_\_\_\_\_

**PART V      MEDICATIONS      Staff Name** \_\_\_\_\_

Do you take a prescribed medication?    ٢ No    ٢ Yes

If yes, what is the name of medication? Please list the dosage, schedule, and what this medication is for.

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

Do you have any additional phone, pager numbers, or an emergency contact? If so, list below.

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

**PART VII      PERMISSION STATEMENTS**

٢ I give permission for audio and visual recordings of myself to be used by Outdoor Ministries, the Illinois Conference of the UCC, and the Christian Church (Disciples of Christ) in promotional purposes.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

