

# Simpson County Youth Camp 2008 - Staff Application **Application Due Sunday, June 8, 2008**

## Staff Information:

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

\_\_\_\_ Counselor \_\_\_\_ Cook (Special Request: \_\_\_\_\_)

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

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

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Congregation: \_\_\_\_\_ Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Please list all medical information on the reverse side of this form!**

## Staff T-Shirt Information:

\_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ X-Large \_\_\_\_ XXlg. \_\_\_\_ Other

## Release and Authorization:

This release form must be signed in the presence of a **NOTARY PUBLIC**. No exceptions allowed.

In consideration of Simpson County Youth Camp allowing me to serve as a staff member in July of 2008, I hereby release Simpson County Youth Camp and its supporting congregations and the camp staff from any and all liability in regard to this activity. I further authorize **Eugene Krantz, Bob White, or their representatives** to sign in my behalf for any medical treatment and agree to hold **Eugene Krantz, Bob White, or their representatives** harmless for acting on my behalf.

Staff Signature: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Subscribed and sworn before me by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height : \_\_\_\_\_ Weight: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone : \_\_\_\_\_

Family Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical Information:**

Please list all of the medical information at the bottom that the camp director and staff might need to know about yourself. This includes all conditions, allergies, prescription drugs, etc. that the director, staff nurse, or other staff members need to know.

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**Other Important Information:**

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