

Counselor & Staff Application/Registration Form
THIS IS A LEGAL DOCUMENT

Lakeview Methodist Conference Center
SOUTH DISTRICT June 25 – 29, 2007

Full legal name: _____
Last First Middle

Preferred name _____ Male/Female _____ Social Security Number _____ Driver License # _____ State _____

Home address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Home phone: () _____ Work phone: () _____

Cell phone: () _____ Email: _____ Adult T-shirt size: _____

Emergency contact name: _____
Relationship Day phone # Night phone #

Name of Employer & Work Address: _____

Church membership: _____
Name of Church City District

Areas of church leadership/involvement: _____

Expertise/talents you would offer to the camp
(i.e., music, crafts, athletics, small group leadership, etc.): _____

Prior experience with youth in church or camp setting: _____

Indicate first responder certifications you have (EMS, CPR, First Aid, etc.) _____ Date certified _____

Date Safe Sanctuary Certified _____ Date State of Texas Safe Camps Trained _____

Name & phone # for reference check: _____

All counselors must attend a "Counselor Training" **before** they will be allowed to interact with the campers. *This training is in addition to Safe Sanctuary Training!* There will be two training dates: June 2, June 5th.

Rank in order of age-level preference _____4th and 5th _____6th and 7th _____8th and 9th
(Due to overall camp needs, all counselors may not be placed in the camp of their first choice)

Please indicate any emotional, behavioral, or physical disabilities which may require special awareness. Your answer will not necessarily result in exclusion from camp. This information will be made available to camp coordinator, director, nurse, and registrar. _____

Date of last Tetanus immunization: _____.

List any allergies (medications, food, insects, etc.) _____

List any special conditions, restrictions, or medications: _____

Physician: _____ Physician's phone #: () _____
() _____

Health Insurance Carrier _____ Policy # _____ Phone # _____

Have you ever been charged or convicted of a felony crime, including deferred adjudication probation? Yes / No If yes, explain: _____
By signing below I am hereby giving permission, in case of emergency, to the physician selected by the camp to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery in my behalf. Additionally, I have read and understand the "**Standards Regarding Disorderly Conduct**" and the "**Media Release**" which are printed on the reverse side. I also understand that this youth camp is tobacco free. I hereby state that all information given on this form is true and correct.
Legal Signature: _____ **Date:** _____
State of Texas
County of _____
This instrument was acknowledged before me on the _____ day of _____ by _____
(Notary seal/stamp) _____
Notary Public's Signature

Sr. Pastor's Signature: _____ **Date:** _____

My signature indicates recommendation of applicant for counselor based on personal knowledge of him/her and their qualifications. My signature also confirms applicant is **Conference Safe Sanctuary Certified**.

Sr. Pastor's Comments: _____

Registration & participation in Lakeview's programs are the same for everyone without regard to race, color, religion, age, gender, disability, national origin, or political belief.

Duplication of this form shall be only on white paper. Both sides required.