

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

**Lakeview Methodist Conference Center**  
**NORTH/NORTHWEST DISTRICT July 7-11, 2008**

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: \_\_\_\_\_

Rank your grade preference (1 is highest): \_\_\_\_4<sup>th</sup> \_\_\_\_5<sup>th</sup> \_\_\_\_6<sup>th</sup> \_\_\_\_7<sup>th</sup> \_\_\_\_8<sup>th</sup> \_\_\_\_9<sup>th</sup> \_\_\_\_10<sup>th</sup> \_\_\_\_11<sup>th</sup> \_\_\_\_12<sup>th</sup>

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.**