

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

Lakeview Methodist Conference Center
SOUTH DISTRICT June 9-13, 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): ____4th ____5th ____6th ____7th ____8th ____9th ____10th ____11th ____12th

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.