
SEEK Camp Volunteer Staff Application

Camp you are applying for (circle one): Children's SEEK Youth SEEK Adult SEEK

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address: _____ Date of Birth ____/____/____

Social Security Number _____ - _____ - _____ Age _____

Church Membership _____ City _____

Church Phone _____ Church Staff Contact _____

Have you worked SEEK Camp before? Yes / No If Yes, how many years _____

T-Shirt Size: S – M – L – XL – 2XL – 3XL

Discuss church related work and leadership positions you have been involved in the past 2 years:

List your experience working with children and/or youth:

List any experience you have working with persons with special needs:

Tell about your faith and relationship with God:

Why do you want to serve as a Summer Camp Counselor?

List all health-related conditions which must be considered in your assignment as a summer camp volunteer staff:

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Please list the talents or skills you have in the following areas and level of experience:

- Spanish or other language skills _____
- Musical Instruments _____
- Singing / Song leading _____
- Sports _____
- Arts & Crafts _____
- Drama _____
- Leading Bible Studies _____
- Teaching Children or Youth _____
- Recreation & Games _____
- Lifeguard, First Aid, CPR Skills _____
- Other Talents _____

PERSONAL REFERENCES

List a minister and two other people (other than relatives) who know you well.

Name _____ Phone _____ Relationship _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ Zip _____

Emergency Contact/Insurance/Medical

***** Attach a copy of your Insurance Card *****

Last Name _____ First Name _____ Middle Initial _____

Under 18, please fill out box

Mother's Name _____ Father's Name _____

Home Phone _____ His Wk Phone _____ His Cell _____

Her Wk. Phone _____ Her Cell _____

Emergency Contact _____ Relationship _____

Home Phone _____ Wk Phone _____ Cell _____

Physician Name _____ Office Phone _____

Insurance Carrier/Plan Name _____ Group # _____

Policy # _____ Name of Policy Holder _____

SS # of Policy Holder _____ - _____ - _____ Insurance Phone # _____

Allergies

Medical Allergies _____ Reaction & Treatment _____

Food Allergies _____ Reaction & Treatment _____

Other Allergies _____ Reaction & Treatment _____

Medication

Please list all prescription medication, over-the-counter, and non-prescription drugs taken regularly. Fill in all blanks completely. Bring enough to last all week. All drugs must remain in their original containers.

Medication 1 _____
Reason _____
Dose taken _____
When taken each day _____

Medication 2 _____
Reason _____
Dose Taken _____
When taken each day _____

Medication 1 _____
Reason _____
Dose taken _____
When taken each day _____

Medication 2 _____
Reason _____
Dose Taken _____
When taken each day _____

Chronic Concerns – Check all that apply

___ Asthma (even if inhaler is only used occasionally)
___ Seizures (if yes, please describe below)

___ Migraine headaches ___ Diabetes
___ Any other chronic illness? _____

Medical Release/Consent

***** 18 and under only *****

***** This page must be notarized! *****

Last Name _____ First Name _____ Middle Initial _____

Date of Birth ___/___/___ SS# _____ - _____ - _____ Gender M / F Age _____

The undersigned acknowledges and understands that the above named participation in the Camp Program and related recreational activities may involve risks to their physical well being. With full knowledge of said risks and in consideration of the benefits derived by the individual in the participation of the camp and programs, I hereby consent, approve, covenant and agree to indemnify and save harmless Bridgeport Camp & Conference Center and the North Texas Conference of the United Methodist Church, their agents, servants, employees, representatives, volunteers and staff from and against all actions or causes of action, claims, demands, liabilities, loss, or damage to the individual resulting or arising out of the individuals attendance at the Camp or participation in any Camp related activity of any kind, including, without limitation, any cause of action sounding in negligence.

In the event I cannot be reached in a medical emergency, I hereby give my consent and authorization for medical treatment by a health care professional for the purpose of preserving the life and/or well being of the above named individual.

Date: _____ Signature: _____
Circle: Parent / Guardian / Managing Conservator of Minor Child

THE STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____,
Known to me to be the person whose name is subscribed to the above Medical Release/Consent and acknowledge to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this ____ day of _____, _____.

Notary Public, State of Texas

Background Check Authorization

***** 18 and older only *****

Camp Dates _____ Code SEEK _____ Age Level: children youth Adlt
Last Name _____ First Name _____ Middle Initial _____ Gender _____
Home Address _____ City, ST, Zip _____
Home Phone _____ Employer _____
Work Address _____ Work Phone _____
Date of Birth _____ Social Security _____ - _____ - _____
Church Membership _____ How Long? _____

Legal History:

1. Are you free of illegal substances and/or abuse? Yes No
2. Have you ever been convicted of a criminal offense? Yes No
3. Have you ever been arrested or convicted for the use or sale of drugs? Yes No
4. Have you ever been hospitalized or treated for alcohol or substance abuse? Yes No
5. Have you ever been arrested or convicted of child neglect or abuse? Yes No
6. Has your driver's license ever been suspended or revoked? Yes No
7. Other than above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of Campers? Yes No

I, the undersigned, have read the Code of Conduct and understand that:

1. The information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the Executive Director of Bridgeport Camp & Conference Center of the North Texas Conference of the United Methodist Church.
2. I hereby give my permission for the North Texas Conference to obtain information relating to my criminal history record through the Safe Churches Project website. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history, and that a procedure is available for clarification if I dispute the record as received.
3. I do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Safe Churches Project and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.
4. In signing this application, I swear or affirm that the information that I have given is true and correct.

Print Name

Date

Signature

Please return this form to your camp director:

Director Initials: _____ Date: _____

Mail to:
Gerry Nance
PO Box 125
Van Alstyne, Texas 75495