



ARIZONA DISTRICT CHILDREN'S CAMPING MINISTRY 2009 COUNSELOR APPLICATION

(Please type or print all information clearly)

NAME: _____ Age: _____ Birth Date: ___/___/___

PHONE:(____) _____ E-Mail: _____

Mailing Address: _____

City: _____ State: ___ ZIP: _____ MALE: ___ FEMALE: ___ T-Shirt Size ___

CHURCH: _____ Church Phone: _____ - _____ - _____

Are You a member of the Church of the Nazarene? _____

Which camp are you willing to serve at? ___ JUNIOR (JUNE 08-12, 2009) ___ MIDDLE (JULY 6-10, 2009)

ALLCOUNSELORS MUST CHECK IN BY 9:00AM MONDAY MORNING!!

Describe your current relationship with Jesus Christ on the back of this application. In three paragraphs tell me how it began, how it is developing, and what you are currently doing to make it better than ever. (If you can't tell me, you won't be able to tell your campers.) There are no right or wrong answers, however a one word response is not acceptable. It should come from your heart.

List your position and / or any responsibilities you have within your local church:

What qualities and/or talents do you possess which will enable you to work effectively for others?

Why do you want to be a Children's Camp Counselor?

Have you ever worked in a Children's Camp before? _____ If yes, when? _____

If Yes, What were your responsibilities?

Does your church have a criminal background check on file? _____ If yes, Date of background check:

Background check will need to be sent in with Counselor Recommendation.

Are you willing to have a criminal background check? _____

Are you a faithful church attendee?

SUNDAY SCHOOL YES ___ NO ___ EVENING SERVICE YES ___ NO ___
MORNING WORSHIP YES ___ NO ___ MIDWEEK SERVICE YES ___ NO ___

If I am selected, I will do my best to follow all Camp Rules and do my best in making camp a successful ministry. I understand that I will be with the children in my cabin 24 hours a day for the entire time they are at camp.

YOUR SIGNATURE _____

DATE _____

Counselors under age 18, must submit Medical form attached.

Please send this completed application form to: Frankie Fugate, 10334 East Obispo Ave, Mesa, AZ 85212.

GENERAL RULES

1. Stay within Camp Pinerock boundaries at all times.
2. Be present at all meetings, meals, and activities. When you come to Chapel, bring your Bible
3. Know where your campers are at all times.
4. Your cabin / room is your responsibility. Keep it neat and clean. Make it clear to campers that all of Pinerock property is to be respected. Damages and/or defacing of Pinerock property is unacceptable and individuals will be held accountable!
5. Your cabin is off limits to everyone except your roommates. Guys are not allowed in the girls cabin areas and girls are not allowed in the guys cabin areas.
6. Your health and the health of your campers is your responsibility. You and your campers should keep yourselves clean, get plenty of rest, and eat properly. Shoes should be worn at all times. No camper should go anywhere alone. Always accompany your campers to their destination, whether it be the nurse's station or the restroom.
7. Absolutely NO public display of affection. Also, Do Not promote or encourage this behavior among the campers.
8. At meals, campers and counselors are expected to clean their tables.
9. You are responsible for your conduct and the conduct of your campers. Do not allow the following: Throwing rocks, throwing water balloons, using matches, cigarettes, knives, radios, drugs, alcohol, or being out after curfew.
10. NO WATER GUNS!
11. Your car is to remain parked and locked during your camp stay.
12. Dress with modesty! No short Shorts, NO midriffs. Guys will wear shirts at all times. If you have any questions to modesty, ask Frankie. (If you have to ask, you probably know the answer)
13. NO body piercing jewelry to be worn with the exception of 1 or 2 earrings in the ears.
14. No Cell Phones (Pastoral Care or Emergency Use Only)

Adherence to these rules and respect for all camp leadership will enable us to have a great camping experience.

By signing below, I agree to abide by the General rules and understand that failure to comply may result in dismissal for the remainder of the camp in progress.

Signature

Date

Junior Camp (June 08 to 12, 2009) Middler Camp (July 06 to 10, 2009) Counselor/Staff

2009 CAMP HEALTH AND RELEASE RECORD

Last Name _____ First Name _____ Grade (Sept 09) _____ Birth Date _____ Sex: M F
 Home Address: _____ Home Phone: _____
 City: _____ State: _____ Zip Code: _____
 Parent/Guardian 1: _____ Work #: _____ Cell #: _____ Email : _____
 Parent/Guardian 2: _____ Work #: _____ Cell #: _____ Email : _____
 Physician's Name: _____ Phone: _____
 If Parent/Guardians are not available in an emergency, notify:
 1. _____ Phone: _____
 2. _____ Phone: _____
 Insurance Company: _____ Insurance #: _____ Group #: _____
 Copy of Insurance Card is attached. Copy of Immunization Record is attached.

IMPORTANT: Please notify the Program Director if this child has been exposed to any communicable diseases three weeks prior to coming to camp date. Please state type of exposure:

| GENERAL HEALTH QUESTIONS: does student have/or ever had: | Yes | No | | Yes | No | Please provide details here for questions answered yes: |
|---|-----|----|----------------------------------|-----|----|---|
| Recent Illness or Injury | | | Blood Clotting Problems | | | |
| Chronic or Recurring Illness or Condition (Diabetes, Cancer, etc) | | | Stomach/ Bowel Problems | | | |
| Surgery | | | Skin Problems | | | |
| Frequent Headaches | | | Diabetes | | | |
| Seizures | | | Emotional / Psychiatric Problems | | | |
| Fainting Spells or Dizziness | | | Walking/Orthopedic Problems | | | |
| Breathing Problems/Asthma | | | Vision Problems | | | |
| Heart Problems | | | Ear Problems | | | |
| Bed wetting | | | Night mares | | | |
| Sleepwalking | | | Other: | | | |

| ALLERGIES: | Yes | No | Unknown | Anaphylactic | Epi pen required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------|-----|----|---------|--------------|--|
| Hay Fever | | | | | Give details, past reactions and usual treatment: |
| Bee Stings | | | | | |
| Peanuts | | | | | |
| Medication | | | | | |
| Food Allergies (Please list) | | | | | |
| OTHER (latex, etc.) | | | | | |

(For Female) Has this person Menstruated? Yes No If not, has she been told about it? Yes No
NUTRITIONAL INFORMATION: please check all that apply Does not eat red meat Does not eat pork Does not eat eggs
 Does not eat dairy products Other _____

MEDICATION: will your child require medication while at camp? Yes No Maybe

*Please bring all medications usually taken, in original containers, and enough for entire stay at camp (include an extra dose for accidental spills).
Prescription bottle instructions must match information provided below.*

| Medication | Dose | Times taken each day | Reason/ Diagnosis | Special instructions |
|------------|------|----------------------|-------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Please check boxes as appropriate below: | | | | |
|--|-----|----|--|----------------------------|
| OTC Medication: | Yes | No | Dose Based on weight/age per package instructions: | Other dosage instructions: |
| Acetaminophen/Tylenol | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Ibuprofen/Advil/Nuprin | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Antacids | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Antihistamine/Allergy | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Topical Hydrocortisone | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear & Eye Drops | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin disinfectant/antiseptic | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Topical antibiotic ointment | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Sun Screen | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunburn treatment | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Aloe vera | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | <input type="checkbox"/> | <input type="checkbox"/> |

