

**2010 CAMP STAFF APPLICATION**  
**WEST CENTRAL BAPTIST ASSOCIATION**  
(Location—Baptist Ridge Camp, Warsaw)

\_\_\_\_ MALE                      \_\_\_\_ FEMALE

**OLDER YOUTH CAMP JUNE 14-18** \_\_\_\_                      **YOUNGER CAMP JUNE 21-25** \_\_\_\_

**CHILDREN CAMP JUNE 28-JULY 2** \_\_\_\_

It is the goal of West Central Baptist Association to create a safe and secure environment for all children and workers who are involved in Associational Youth/Children Camps and Activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth programs. This information will be used for the sole purpose of helping the Association provide a safe and secure environment for children and workers and can/will be used for background checks.

Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Have you used name(s) other than the one above? \_\_\_\_ yes \_\_\_\_ no    If yes, please list \_\_\_\_\_

Length of residence at current address \_\_\_\_ Months \_\_\_\_ Years    Previous Address \_\_\_\_\_

Will you be driving your own vehicle to camp? \_\_\_\_ Yes \_\_\_\_ No    Make/Model \_\_\_\_\_ License \_\_\_\_\_

Position you desire at camp \_\_\_\_\_  
(Director, Nurse, Counselor, Teacher, Lifeguard, Cook, other)

Have you ever worked with youth or children before? \_\_\_\_ yes \_\_\_\_ no    List where \_\_\_\_\_

Write a brief biographical sketch of your training, service, experience and/or talents useful at camp. \_\_\_\_\_

Church you attend? \_\_\_\_\_ Town/City \_\_\_\_\_ How long? \_\_\_\_\_

What church are you a member? \_\_\_\_\_ Town/City \_\_\_\_\_

List other churches you have been affiliated with \_\_\_\_\_

Please list four references, **two** that are not relatives or church related. These could be from a secular job, school teacher/counselor, neighbor or etc.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

**HEALTH INFORMATION**

**ALL medicines and drugs (including aspirins, Tylenols, and etc.) MUST be turned into the Camp Nurse upon arrival.** These medicines must be in their correct prescription bottle. Staff Applicant, when you sign this form you are authorizing the camp nurse to administer any medications, including aspirin, Tylenol (for headache and pain calamine lotion for poison ivy) while you are at camp.

Can you participate in active sports?  Yes  No If no, why? \_\_\_\_\_  
Do you have permission to swim at camp?  Yes  No Date of last tetanus shot \_\_\_\_\_  
Allergies (answer yes or no) Bee Sting \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Penicillin \_\_\_\_\_ Others \_\_\_\_\_  
Are you presently under a doctor's care?  Yes  No If so, for what reason \_\_\_\_\_  
Will you be bringing medicines to camp?  Yes  No If yes, name of prescription and dosage \_\_\_\_\_

Other information the Director of Missions, Camp Director and/or Nurse will need to know about you. \_\_\_\_\_

**PARENT'S OR GUARDIAN'S SIGNATURE IF UNDER 18 YEARS OF AGE**

Being the parent or legal guardian of \_\_\_\_\_ (minor's name printed) I \_\_\_\_\_ (parent/guardian's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent/guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of West Central Baptist Association sponsoring this event will be used as the secondary coverage.

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Family doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Signed \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**PERSON(S) TO NOTIFY IN CARE OF EMERGENCY**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Address \_\_\_\_\_ Town/City \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**CONSENT TO TREAT IN CASE OF EMERGENCY**

(Staff applicant, it would be very helpful if your signature was notarized for emergency purposes. If you are under 18 years of age, your parent/guardian's signature needs to be the signature notarized. Most banks have a Notary Public and do not charge for this service. They do request that you DO NOT sign your names in the CONSENT TO TREAT IN CASE OF EMERGENCY section above until in the Notary's presence.)

I \_\_\_\_\_ (print name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for myself. I give permission to the activity leader to make the decision necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat me. I further understand that the doctors, dentists, and other providers attending to me will take all reasonable safety precautions during my care. I also understand I am responsible for the health care decisions made to treat me, and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to me. Any insurance policy of the West Central Baptist Association sponsoring this event will be used as the secondary coverage.

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

MAIL TO: West Central Baptist Association  
602 North Holden, P.O. Box 255  
Warrensburg, MO 64093

For more information:  
Phone: 660-747-3628  
E-mail: westcentralbaptist@embarqmail.com  
Fax: 660-747-2463

Associational Office Use Only

Date form received \_\_\_\_\_ Application Approved \_\_\_\_\_ Application Declined \_\_\_\_\_ Date Applicant Notified \_\_\_\_\_

# 2010 CAMP INFORMATION

## NEW LOCATION- BAPTIST RIDGE CAMP, WARSAW

**DIRECTIONS FROM WARSAW:** Go south on Highway 65 approximately five miles, turn right on Hilty Ave. (at New Home Baptist Church sign) and follow signs or turn left on next gravel road on left (Hopkins Ave.) then turn right on next gravel road to right (Baptist Ridge Road). Turn right into camp.

### CAMPERS AND COUNSELORS , PLEASE BRING THE FOLLOWING:

Pillow, sheets and/or sleeping bag), towels, washcloths, toothbrush, toothpaste, soap, shampoo, deodorant, comb/hairbrush, flashlight, Bible, paper and pen, modest clothing, (Short shorts and spaghetti strap tops will not be permitted), swimsuit, (*LADIES, please no two-piece bathing suits. Modest one piece suits only, PLEASE! GUYS:, NO speedos!!*), a SMILE and a good sense of humor. For recreation, students should bring sportswear, baseball glove, jogging shoes, etc. and an umbrella in case of rain. **CAMP FACILITIES ARE AIR CONDITIONED!!!**

**CAMPERS AND COUNSELORS, DO NOT BRING THE FOLLOWING: CELL PHONES, PAGERS, CD players of any size, radios, stereos, microwaves, refrigerators, lap-top computers, electronic games of any kind (This includes 'Game Boy's, personal DVD players, and etc). FIREWORKS OF ANY TYPE ARE PROHIBITED. The above listed items can distract from the purpose of camp — which is for each person come to a closer relationship with God. If there is an emergency and a parent/family members needs to contact a camper, they can call the Associational office and they will get in contact with the Camp Directors/Director of Missions.**

**PARENTS AND CAMPERS:** If any of the above items are brought they must be turned in to the camp directors, and the campers can get them back on Friday when they leave. If these items aren't brought to camp, they will not be a temptation for someone to take, damage, or lose. If someone NEEDS to call home, they will need to talk to the Director of Missions who will have his cell phone for emergency use.

**MONEY:** No money is needed other than the camp fee, which includes a T-shirt and a snack card. **SNACK CARDS:** For several years, snack cards have been included in the fees, and we plan to stay with this system for two reasons. (1) Every camper has an equal amount of funds available for the snack times each day. (2) This means your camper does not need to carry any money with him/her during camp and does not present a temptation to any other camper.

**MEDICATION: ALL MEDICINES, PRESCRIPTIONS AND OVER THE COUNTER, MUST BE IN THEIR ORIGINAL CONTAINERS AND TURNED IN TO THE CAMP NURSE/MEDIC AT REGISTRATION.**

**CAMPERS:** Make plans to attend the full week. NO ONE will be allowed to leave and return for ballgames, fairs and etc. When someone leaves and returns, they becomes a distraction for other campers and it interferes with the business at hand, which is coming into a closer relationship with God.

### **Mail forms to or for more information:**

**West Central Baptist Association**

**602 North Holden P.O. Box 255**

**Warrensburg, MO 64093**

**Phone: 660-747-3628**

**Fax: 660-747-2463**

**Email: westcentralbaptist@embarqmail.com**

### **MIDDLE SCHOOL CAMP June 21--25, 2010**

**Girls and Boys who have completed Grades 6-7**

Registration begins on Mon. June 21, **2:00 p.m.**

Camp closes- 10:00 A.M. Friday June 25

**Cost is \$95.00**

(Includes \$25 pre-registration fee, snack card and a T-shirt)

**\$25 pre-registration fee deadline is May 31, 2010.**

**Registration forms received after May 31, is \$105**

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### **HIGH SCHOOL CAMP June 14-18, 2010**

**Girls and Boys who have completed Grades 8-12**

Registration begins on Mon. June 14, **2:00 p.m.**

Camp closes- 12:00 NOON Friday June 18

**Cost is \$95.00**

(Includes \$25 pre-registration fee, snack card and a T-shirt)

**\$25 pre-registration fee deadline is May 31, 2010.**

**Registration forms received after May 31, is \$105.**

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### **CHILDRENS CAMP June 28- July 2, 2010**

**Girls and Boys who have completed Grades 3-5**

Registration begins on Mon. June 25, **2:00 p.m.**

Camp closes- 12:00 NOON Friday July 2

**Cost is \$95.00**

(Includes \$25 pre-registration fee, snack card and a T-shirt)

**\$25 pre-registration fee deadline is May 31, 2010.**

**Registration forms received after May 31, is \$105.**