



Community of Christ

2017 CAMP STAFF INTERN

PROGRAM

APPLICATION/REGISTRATION FORM

Brush Creek USA Mission Center

bcmmissioncenter.wordpress.com

Junior Camp – June 4-8, 2017

Welcome to an exciting opportunity offered for 13 and 14 year olds who want to eventually serve on the staff for one or more of our youth camps. The program will include instruction, training, observation and filling out forms in preparation for becoming a Community of Christ Registered Youth Worker Assistant (at the age of 15) and finally a Registered Youth Worker (at the age of 21).

Participation in this program does not assure this registration. Eligibility requirements set by Community of Christ apply and will be considered at the time of formal application when the intern reaches age 15.

Camp Staff Intern - 1st year program _____ 2nd year program _____

Application deadline – May 1, 2017

Staff Intern Name _____

Age ___ Birthdate _____ Grade in fall ___ Shirt Size ___ Gender (M/F)

Address _____

City _____ State ___ Zip _____

Church/Congregation _____

Name of Parent/Legal Guardian _____

Work phone _____ Home _____ Cell _____

Camp fees for junior camp are waived for those accepted into the intern program for the current year.

I _____ **agree to abide by the rules and standards of**

Signature of intern

the Brush Creek Camping Program as outlined on the junior camp registration form which must also be completed by all interns.

MEDICAL HISTORY

1. Allergies to foods, medications, etc. (if none, so state) _____

2. Is intern presently under a physician’s care for any acute or chronic medical condition? (If so, please explain. (If none, so state))

3. Does intern carry medications on person? (If none, so state) _____

Medication(s): _____

Purpose: _____

4. Does intern require prescription medications? (If none, so state) _____

Medication(s): _____

Purpose: _____

5. Family Physician: _____ Phone: _____ Office Address: _____

6. Health Insurance Co: _____ Phone: _____

Policyholder's Name: _____ Address: _____

Group No.: _____ Policy No.: _____

7. Has individual recently been exposed to a contagious disease?
(If "yes," describe. if "no," so state) _____

8. Does this individual intern have any health problems, restrictions, or other personal concerns that the camp staff should know about for the camp? _____

Medical Treatment Consent

I, the undersigned, being the parent, legal next of kin, or guardian of camp staff intern _____ hereby authorize any necessary medical treatment for this person (Physician, EMT, hospital, camp nurse). I also guarantee payment of all charges incurred during this medical treatment. (Physician, hospital, x-ray, lab, drugs, ambulance, etc.) and authorize release as necessary of HIPAA Protected Health Information.

Liability Release and Activity Participation Consent

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur.

In consideration for being accepted by the Brush Creek USA Mission Center of the Community of Christ, for participation in this event, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release, forever discharge and agree to hold harmless the aforementioned Mission Center and the Community of Christ and the directors thereof from any and all liability, claims, or demands based upon ordinary negligence for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

I/We specifically consent to _____ (child’s name) participation in activities offered by the Brush Creek USA Mission Center, including but not limited to camping, boating, swimming, hiking, and sporting events. I have deleted any items from the preceding list to which I do not give consent for participation.

I/We certify that _____ (child’s name) has the necessary skills to participate in any of the approved activities (e.g. if boating is approved, the child can swim).

I/We specifically do not want _____ (child’s name) to participate in the following activities: (if none, please indicate) _____

Photo & Video Release

In consideration of the right of the registrant to participate in this activity, I hereby give consent to and authorize the taking of photographs or video tape in which the registrant may appear. I hereby waive all right of privacy in and to any said pictures or video, , and authorize their use for any and all official resource, use or purpose, including but not limited to print, film, or electronic media and reproduction or digital representation on the internet/world wide web.

Please sign and date below for approval of the above statements of release and consent.

Date: _____ **Parent or Guardian:** _____

**2017 CAMP STAFF
APPLICATION**
Brush Creek USA



Community of Christ

**INTERN PROGRAM
QUESTIONNAIRE**
Mission Center

bcmissioncenter.wordpress.com

**Please complete the following questionnaire and return it with your application
to: Joan Munter, 509 N. Illinois Avenue, Salem, IL 62881**

Jmunter@CofChrist.org

Name _____

How many years have you been a camper at Brush Creek or other camps?

Why are you interested in serving as a staff member at a youth camp?

What talents or skills do you have which would be a helpful addition to a camp staff?

What do you feel are your strengths which would make you a good staff member?

What do you feel might be your weaknesses which need improvement?

How do you feel about being a role model to young people?

Are you willing to participate in further training to become a registered youth worker assistant?

If you are applying for participation in the 2nd year intern program, are there any additional items you would like covered in this part of your training?