

# 2019 Covenant CRC Bible Camp - STAFF Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M / F

Birthdate: \_\_\_\_\_ Email : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Medical Insurance #: \_\_\_\_\_ (15 digits for Manitoba) Church Affiliation: \_\_\_\_\_

## EMERGENCY CONTACT INFO:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Please list any medical concerns and/or allergies

2. Please list any medication you may be on. (Medical Staff must be aware of all medications at camp)

3. Please indicate what areas you would be willing to assist with at camp

Sr. Counsellor	Jr. Counsellor	Kitchen / Cook	Medical
Crafts	Sports	Music	Swimming
			Archery

I have read the Covenant Bible Camp guidelines and promise to abide by the Staff Code of Conduct.

I agree to allow the camp to use my photograph for advertising and display purposes.

I agree to receive emergency medical treatment as may arise.

I agree to allow Covenant CRC to conduct a background check as required by law.

I agree to participate fully in the activities of the camp.

I am able to personally confess the Apostle's Creed

I desire to do what I can to communicate Christ to the campers through all the activities of the week with the goal of helping them come to know Christ and live their lives for him.

I hereby release this information to Camp staff for their exclusive use.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_