



Staff Application Form
Big Cedars Camp
Ministry of the Church of God of Prophecy
16 Miles East of Purcell on Hwy. 39
(405) 383-2100-Camp Manager or (405) 383-2583-Camp



Big Cedars Camp
Route 2, Box 345A
Wanette, OK 74878

Please complete this application form and mail to above address. Camp Coordinator will verify information, check pastoral endorsements, and then forward to camp/retreat director.

STAFF INFORMATION:

Name: _____ Male: ___ Female: ___ Marital Status: S ___ M ___ D ___

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone : (____) _____ Cell Phone :(____) _____

Date of Birth: _____ Present Age: _____ E-Mail Address: _____

Insurance Company _____ Insurance Policy # _____

Name, Address & Phone number of your Pastor _____

Please list the camps/retreats you would prefer to work in: _____

What is the reason you want to work in camp? _____

Are you physically fit to participate in camp? _____. Are you willing to put campers first? _____. Will you abide by camp rules? _____.

Will you attend Annual Camp Staff Training? _____. Are you willing to be at camp on time and stay until dismissed by Director? _____

Have you worked in camp before? _____. If so, when & where, in what capacity did you serve? _____

Have you attended IYC? _____. If so, when _____

Have you ever been accused or convicted of abuse, molestation, or a felony? _____. If yes please speak with camp coordinator now.

NEXT OF KIN OR PARENT/GUARDIAN INFORMATION:

Who to contact in case of emergency: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone (____) _____

STATEMENT OF CERTIFICATION & UNDERSTANDING: I certify that all the information provided on this application is accurate to the best of my knowledge. I have read and understand the camp rules and regulations and also understand that in signing this application I am agreeing to abide by them. Failure to do so could result in my dismissal from camp. I also agree that the Church of God of Prophecy (local, regional and international offices), its officers, servant, or staff shall not be held responsible for damages for any accident or sickness involving me.

Staff Signature: _____ Parent/Guardian: _____ Date: _____

Medical Information:

Please indicate with a check mark any of the following medical problems that apply to the camper. If it is a current problem, please provide date of the most recent occurrence; if a past problem, approximate date.

<input type="checkbox"/>	Rheumatic Fever _____	<input type="checkbox"/>	TB _____
<input type="checkbox"/>	Diabetes _____	<input type="checkbox"/>	Heart Trouble & Related Problems _____
<input type="checkbox"/>	Asthma _____	<input type="checkbox"/>	Ivy, Oak, Sumac Poisoning _____
<input type="checkbox"/>	Convulsions _____	<input type="checkbox"/>	Fainting _____
<input type="checkbox"/>	Sleep Walking _____	<input type="checkbox"/>	Kidney Trouble _____
<input type="checkbox"/>	Recent Illness _____	<input type="checkbox"/>	Other: _____

Allergic Reactions to: _____

Date of illness reference above: _____

Date of most recent tetanus shot: _____ Blood Type: _____

Medications taken on a regular basis: _____

NOTE: Medications must be in original container & administered by camp medical staff no exceptions!

Other Pertinent information: _____

MEDICAL CONSENT: In case of an emergency, I understand that every effort will be made to contact next of kin (parent or guardian). In the event they cannot be reached, I hereby give permission to the Camp Director, Camp Nurse, and physicians selected by the camp to secure proper treatment for, to administer "over-the-counter" (OTC) or prescription medications, to hospitalize, order injection, anesthesia, and/or surgery for me. I understand that my insurance has the primary responsibility of payment should I need treatment. The camp insurance is secondary. I understand that all medications, including OTC must be administered by the camp medical personnel and that medications will be collected at time of registration.

Parent/Guardian signature of consent: _____ Date: _____

Staff signature (if over 18): _____ Date: _____

FOR OFFICE USE ONLY

Staff information verified _____

Pastor endorsement received _____

App. Forwarded to Director _____

Director feedback to Pastor _____