

**PEOPLE WITH DISABILITIES DAY CAMP**  
**SATURDAY, JUNE 16, 2018; 10:00 A.M. – 4:00 P.M.**  
**REGISTRATION FORM FOR STAFF**

Please complete this form, and **mail it to Kamp Keirse, 10002 NW Route J, Amsterdam, MO 64723**. Early registration helps us buy supplies and make plans prior to camp. Any questions, contact Gayla Boyd @ 660-679-5241, or e-mail [gjboyd@embarqmail.com](mailto:gjboyd@embarqmail.com). Check out the website [www.kampkeirse.com](http://www.kampkeirse.com) if you need additional forms.

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Church Attended \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Health Status:      Excellent (    )                      Good (    )                      Fair (    )                      Poor (    )

Are you currently under a physician's care? \_\_\_\_\_

Are there any activities you can't help with, such as swimming, etc.? \_\_\_\_\_

List 2 Character References with Phone Numbers \_\_\_\_\_

\_\_\_\_\_

Have you worked as staff for this camp before? \_\_\_\_\_

Have you had experience working with people with disabilities before? If so, where? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_

Have you ever been charged with neglect, abuse, or assault? \_\_\_\_\_

Has Your driver's license ever been suspended or revoked in any state? \_\_\_\_\_

Have you been convicted of reckless driving or of a D.U.I. in the past 7 years? \_\_\_\_\_

Please explain if you answered yes to any of the above questions. \_\_\_\_\_

\_\_\_\_\_

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

***The request for criminal record check must accompany this form.***