

# KY-TN KIDS CAMP at Cumberland Grove

## 2019 Adult and Teen Support Staff form\*

\*Note anyone who wishes to volunteer as either a counselor, Jr. Counselor, or other helper must complete this form

Applicant's Name: \_\_\_\_\_ If under 18, indicate Age: \_\_\_\_\_

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

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

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

**Fee for Jr. Counselors: \$50** (covers meals, lodging, and campground use fee for week)

**Fee for Adult Counselors/Volunteers: \$No Fee** (Suggested donation: \$35 to cover campground use fee & mandatory background check)

Please check one: \_\_\_\_\_ Fee Enclosed \_\_\_\_\_ Will bring fee on the first day of camp

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Emergency contact #1: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact #2: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**For Junior Counselors (age 15 – 17) Parent or Guardian must check all applicable:**

\_\_\_\_ I give \_\_\_\_\_ permission to attend 2019 Kids Camp as a Jr. counselor. \_\_\_\_\_ is a leader designated as guardian of my child during the duration of the camp. I understand that while at the camp, he/she will be also be under the supervision of the Camp Director, and/or other authorities as delegated by Director.

\_\_\_\_ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or another person listed above as soon as possible.

\_\_\_\_ I do not give permission for any medical treatment to be given until I am contacted.

\_\_\_\_ I give permission for the camp to photograph and utilize my child's photo for promotional purposes for or in regard to this and/or future kids camps.

**Please indicate any allergies or medical conditions:** \_\_\_\_\_

\_\_\_\_\_  
Medications: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that all information on this form is accurate and complete to the best of my knowledge. I hereby release the organization (KY-TN District/The Wesleyan Church) from any legal or financial responsibility with respect to my personal or my student's personal participation.

Print Name of Counselor, Jr. Counselor or Helper \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor, Jr. Counselor or Helper \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Counselors/helpers 18 and younger MUST have the referral portion of this application completed by their Pastor or Youth Leader/Director*

***Counselors are requested to make every effort to arrive at the campground on Sunday evening (June 16<sup>th</sup>) by 7:00pm, if possible.***

***All counselors will be required to arrive at the campground in Jamestown on Monday, June 17<sup>th</sup> by 10:00am for orientation, worship, and devotion.***

Please send this volunteer form and any applicable payment by **May 17, 2019** to: **Pastor Veronne Carter, 39 Carriage Square, Clinton, TN 37716**

**Make checks payable to TN Wesleyan Kids**

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**Pastor Referral of Applicant**

*The applicant has requested to serve as a volunteer at the District Kids Camp. They will be assigned a group of kids to provide oversight and mentorship to for five (5) days. They may also be involved in running activities, and engaging in the worship and teaching services.*

- Does \_\_\_\_\_ (applicant) show evidence of faithfully walking with Christ?  
Yes \_\_\_\_ No \_\_\_\_
- If no, does the applicant show evidence of seeking a closer relationship with Jesus, and is undergoing discipleship through your church? Yes \_\_\_\_ No \_\_\_\_
- Does the applicant attend church regularly? Yes \_\_\_\_ No \_\_\_\_
- Is the applicant currently involved with any ministry at the local church? If Yes, which one(s)?  
\_\_\_\_\_
- To your knowledge, is there anything in his/her background that causes concern or may prohibit his/her working with children? Yes \_\_\_\_ No \_\_\_\_
- Has the applicant proven to be responsible and reliable? Yes \_\_\_\_ No \_\_\_\_
- Do you personally recommend the applicant as a staff worker for kids camp? Yes \_\_\_\_ No \_\_\_\_

*For Teen/Jr. Counselors, please include a letter of recommendation from the Pastor or Youth Leader/Pastor as to why you believe the applicant will be a reliable and impacting leader of children.*

Pastor's Name \_\_\_\_\_ Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp Director/Treasurer Use Only

\_\_\_\_ Fee Received: Date \_\_\_\_\_ Pastor Contacted \_\_\_\_\_ Camp assignment \_\_\_\_\_