# "MERGE" 2010
# COUNSELOR REGISTRATION FORM

June 27– July 2, 2010 @ Riverside Bible Camp, Amherst, WI

Local Church: _____

Emergency Contact Name:_____

Emergency Contact Home: (  )  -

Work: (  )  -

Full Name: _____

Address: _____

City: _____

Zip Code: _____

Home Phone: (  )  -

Work Phone: (  )  -

Birthday: ____/____/____

E-mail: _____

T-shirt size: S | M | L | XL | XXL

Gender: male | female

## HEALTH INFORMATION

Check if you now have:

☐ Asthma

☐ Diabetes

☐ Dietary restrictions: _____

☐ Special needs: _____

☐ Describe any allergies (meds, bee stings, food, pollen, etc.): _____

_____

☐ Infection/illness/health problems:

_____

☐ Other: _____

Will you be bringing any prescription medications with you to camp this year? YES | NO

If YES, please list medications:

## PASTORAL RECOMMENDATION

Pastor,

By signing below, you recommend the above mentioned applicant to be used in service at the Wisconsin District Summer Camp. Please also provide your contact information should we need to contact you further. Thank you!

Pastor's Name: _____

Pastor's Signature:_____

Office Phone: (  )  -

Alternate Phone: (  )  -

## BACKGROUND INFORMATION

Have you ever been convicted of any offense other than a minor traffic violation? YES | NO

*(If YES, please provide details of the conviction on a separate piece of paper.)*

I have read and fully understand all the requests for information in this application. I certify that all answers given by me are true, accurate, and complete. I understand that the completion and/or execution of this application does NOT ensure me a volunteer position, nor does it obligate me to the Wisconsin District Wesleyan Youth (WDWY) in any way. I fully understand that the omission and/or misrepresentation of the facts requested may be cause for immediate dismissal without notice. I authorize the organization to request and obtain information concerning any questions they may have, and contact the pastor of my church or district officials if deemed necessary. I further authorize the State Police Records Division of the State of Wisconsin to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the WDWY representative. If accepted for service, I agree to abide by all the rules and regulations of the WDWY Camp. I have read, understand, and agree to the above:

_____ _____

SIGNATURE OF APPLICANT DATE

## EMERGENCY CARE INFORMATION

In the event I need emergency medical treatment and am not of clear mind, I hereby give permission for the physician selected by the Camp Health Care Supervisor to hospitalize and secure proper treatment for me.

_____ _____

SIGNATURE OF APPLICANT DATE