

+ 'Abide'

COUNSELOR REGISTRATION FORM +

Local Church: _____
Emergency Contact: _____
Emergency Contact Number: _____

Full Name: _____
Address: _____
City: _____
Zip Code: _____
Home Phone: () -
Work Phone: () -
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 Camp(s) for Summer 2009. Please also provide your contact information should we need to contact you further. Thank you!

Pastor's Name: _____
Pastor's Signature: _____
Church 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

