

OHIO APOSTOLIC CAMPGROUND

Worker Application Form

Section I (Worker)

Name	Birthday	Age	Sex	Phone
Address	City	State	Zip Code	
Pastor's Printed Name	Church			
Have you Repented?	Been Baptized?	Received Holy Ghost?		
I will abide by camp Rules and dress code and be obedient and cooperative at all times!!				
Signature of worker: _____				

Section II (Parent or Guardian if under 21)

Name	Address: <i>(if different than worker)</i>			
City	State	Zip	Phone	Emergency Phone: ()

- The above named child has my permission to attend the Ohio District UPCI Camp
- I will NOT hold the Ohio District UPCI responsible for any accident that might befall my child which may be caused by neglect or disobedience on the camper's part.
- My child may participate in swimming.
- I agree to be responsible to provide transportation home early if my child is dismissed for misbehavior.
- I will be responsible for any costs that may be a result of willful or negligent destruction of camp property or another's personal property.
- I understand everyone will be inspected for lice and give my permission for my child to be inspected by the appointed personnel.

OVER THE COUNTER MEDICATION PERMISSION

PARENTS: Please indicate below which over the counter medications and preparations may be dispensed to your child on an as needed basis while attending the Ohio District UPCI Camp. All medications and preparations will be provided, and will be dispensed by the Camp Health Supervisor and designated staff.

Please initial after each acceptable medication:

Acetaminophen (Tylenol) _____	Aspirin _____	Calamine/Caladryl Lotion _____
Skin Cleansing Agent _____	Topical (skin) Antibiotic _____	Eye/Ear Irrigation Solution _____
Cough/Cold/Allergy Medication _____	Benadryl _____	
Ice and Warm Packs _____	Sunburn Preparation _____	Indigestion/Diarrhea Medication _____
Earache Medication _____	Sore Throat Medication _____	Toothache Medication _____

I understand in the event that an emergency would arise that would require medical care, use of a physician or hospitalization or surgery, I will be notified immediately. However, should camp authorities be unable to locate or not have time to contact the child's parents or guardian, they may take such temporary measures as they deem appropriate and necessary. Also, I grant permission for routine nonsurgical medical care for the above named camper.

Parent or Guardian Signature _____ Date _____

Section III (Health and Insurance Statement)

All Accident and Injury Claims must first be submitted to the patients insurance provider

Insurance Company:	Policy Number:
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Please list any known mental, emotional impairments, allergies or medical restrictions that would limit your child from normal group activities:

List current drugs or **Medications** your child is taking: _____

List **CURRENT** infectious diseases of your child: _____

Please check if your child has been vaccinated or inoculated for the following diseases (if unknown, do not check):

Diphtheria _____ Measles _____ Polio _____ Rubella _____ Tetanus _____ Other _____

Section IV (Pastor)

Pastor's Signature _____ Date _____

(Pastor! Your signature means you feel this person is qualified and represents you.)

Pastor's Comments _____

Section V Camp Choice or Choices

Check the Camp or Camps you desire to work.

_____ **Jr. High Camp (12-14)** –June 23-27_____ **Sr. High Camp (15 - 18)** – June 30-July 4_____ **Explorer Camp (9 -11)** - July 7 – 11_____ **Adult Camp** – July 28 - August 1_____ **Spanish Camp** - August 16 - 18_____ **Men's Retreat** - September 12 - 13

Have you worked at Ohio Camp before? _____

Which Camp and When? _____

Section VI Staff/Faculty choices

HELP NEEDED: Identify your choices by preference - 1,2, 3, etc.

STAFF NEEDED

_____ KITCHEN

_____ WORKERS SUPERVISORS

_____ DINING HALL CLEANING

(ADULT MALE/FEMALE)

_____ CONCESSION

_____ JANITORIAL

_____ YARD WORK/MAINTENANCE

FACULTY NEEDED

_____ BOY'S DORM SUPERVISOR

_____ GIRL'S DORM SUPERVISOR

_____ TEACHERS

_____ NURSE/MEDIC

_____ NIGHT WATCHMAN

_____ CHILDRENS CHURCH HELPERS

(ADULT CAMP ONLY)

Please mail application to:

H.R. Young

P.O. Box 600

New Lexington OH 43764

NOTE TO PARENTS**NO UNREGISTERED CHILDREN PERMITTED.**

Names and age of children to be registered.

_____ age _____

_____ age _____

_____ age _____

_____ age _____

_____ age _____

DO NOT COME TO CAMP EXPECTING TO WORK unless you have been contacted by the camp or the director in charge of that week's camp. You will be notified if you are chosen to fill a position for any camp. You will be required to fill out a camp screening form before you all allowed to work.