

For Staff ... For Staff ... For Staff ... For Staff ...

T-Shirt Size (Adult):
 ___ S ___ M ___ L
 ___ XL ___ XX-L

Transportation
 ___ Riding Bus to Camp ___ Riding Bus from Camp
 ___ Riding Bus to Fiesta Texas ___ Riding Bus from Fiesta Texas
 ___ Not Riding Bus, Riding With _____

Bandina Christian Youth Camp, Inc. Staff Application & Placement

August 1st—6th, 2010

The information obtained in this form is for the internal use of Bandina Christian Youth Camp, Inc.
 Please use your legal name on this application.

				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last Name	First Name	Middle Name			
Mailing Address	City	State	Zip Code		
Home Phone	Work/Other Phone	Birth Date (mm-dd-yyyy)			
Occupation	Employer/School	Email Address (please print clearly)			
Business/School Address	City	State	Zip Code		

I understand that:

1. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information.
2. In signing this application, I agree to complete the Safe Environment Policy training and apply for a volunteer staff position with Bandina Christian Youth Camp, Inc. I agree to comply with the Bylaws and the Rules and Regulations of Bandina Christian Youth Camp, Inc. I affirm that the information I have given on this form is true and correct. I will follow the Safe Environment Guidelines.
3. I hereby agree that the First Colony Church of Christ, its elders, ministers & directors and Bandina Christian Youth Camp, Inc. and the officers, employees and volunteers thereof shall in no way be liable for any damage or injury arising out of my participation in this FCCC activity.
4. I hereby authorize the sponsors to engage the services of a physician and/or hospital for the emergency treatment of myself during this FCCC activity or trip as needed. I agree to bear the cost of such treatment rendered.
5. I hereby give First Colony Church of Christ permission to use my photo to be used for future FCCC publicity & publications including publicity on the First Colony Church of Christ website, www.firstcolonychurch.org and/or other websites for events my child/teen attends with First Colony Church of Christ.
6. I understand that Bandina Christian Youth Camp does not allow the use of alcohol, tobacco products, nor any illegal substance. I understand that the use of any of these agents will result in my immediate dismissal. I understand that I may not use or have in my possession any alcoholic drinks, tobacco products or illegal drugs.
7. I will not have a weapon of any kind at camp (such as knives, guns, sling shots, etc.)
8. I will never, under any circumstance, strike a child or use profanity while at camp.

 Signature of Applicant _____
 Date

Elementary—Activities

___ Crafts ___ Sports ___ Nature ___ Art
 ___ Bible ___ Wherever Needed
 ___ Cabin Counselor

Elementary—Age Preference

___ 1st—3rd Grade ___ 4th—5th Grade
 ___ No Preference

Pre-Camper

___ Assist Suzie Holderfield as needed

Please check (✓) the areas of interest to help at Camp Bandina ...

All Camp

___ Camp Nurse ___ Life Guard

Certifications:

___ Kitchen ___ Canteen/Water

Youth—Activities

___ Crafts ___ Sports ___ Van Driver
 ___ Small Group Leader ___ Cabin Counselor

Youth—Age Preference

___ 6th—8th Grade ___ 9th—12th Grade
 ___ No Preference

Approval for Staff

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to procedures and this applicant meets the leadership qualifications of Bandina Christian Youth Camp, Inc.

 Signature of Session Director _____
 Date

2010 Bandina Christian Youth Camp, Inc. Nurse Information

August 1st – 6th, 2010

_____ Camper Staff

_____ Name (Last/First) _____ Date of Birth (mm-dd-yyyy)

_____ Name of Friend/Relative not at Camp _____ Relation _____ Phone Number
_____ in case of Emergency

_____ Doctor's Name _____ Doctor's Phone Number

_____ Dentist's Name _____ Dentist's Phone Number

_____ Insurance Name _____ Name of Insured _____ Insurance Phone Number

_____ Insurance ID # _____ Insurance Group #

_____ Home Phone _____ Work/Other Phone _____ Cell Phone

Allergies & Medical Conditions:

	Yes	No	Allergy	Reaction
Do you have allergies (food, medicine, wasps, etc.)?	_____	_____	_____	_____
			_____	_____
			_____	_____

Have you had any surgery or have any chronic illness we need to be made aware of (heart, lung/asthma, diabetes, kidney, bladder, neurological, mental, stomach, intestine, liver, thyroid problems, etc.)? If "Yes", please explain:

List any communicable diseases you have or have had:

Immunizations:

Are all immunizations up to date? Yes No Date of last tetanus _____

Medications (Prescription & Over the Counter):

Do you have medicine with you? Yes No

If "Yes", please list all prescription and non-prescription medications you will bring to camp. Note: All medicines must be in original containers. All prescription medications must have original pharmacy label on container with camper's name in order to be dispensed at camp. List daily and as needed medications your child will/may take at camp.

	Name of Medicine	Strength (mg)	Time to be taken	Reason for Medicine
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Are there any over the counter medications you do not want your child to take while at Camp Bandina? Yes No
If "Yes", which ones? _____

Remember ... all medicines MUST be in original container with Camper's name on the label in order to be dispensed at camp.

- *I understand that I must turn in all prescription and non-prescription medication to the camp nurse upon departure for camp to prevent them from being within the reach of others. I understand that the camp nurse will administer my medication to me as needed during the week of camp.*
- *I certify that the information given above is true and correct to the best of my knowledge.*

Signature (Staff or Parent/Guardian)

Date

Bandina Camp ... August 1st-6th, 2010

Cost (includes t-shirt, meals, activities & lodging at

camp & transportation)

Max. \$500 per family

(Bandina cost only—Fiesta Texas costs are separate)

_____ \$150/\$160/\$170 (campers)

_____ -1st grade & up—'09-'10 school year)

_____ \$ 60 (staff & pre-campers)

_____ -up through K-'09-'10 school year)

+ _____ \$ 25 Fiesta Texas on Friday

(6th-12th graders ONLY—younger kids can go

ONLY if accompanied by parent)

Price does not include travel meals

(2 meals if NOT going to Fiesta Texas or

3 meals if GOING to Fiesta Texas)

Name: _____

_____ Staff _____ Camper _____ Grade ('09-'10 school year)

_____ Pre Camper (up through K) _____ Age of Pre Camper

Sign up & pay as follows:

\$150—Register through June 6th

\$160—Register through July 18th

\$170—Register through August 1st

Make checks payable to FCCC

Return envelope with all application forms &

\$50 deposit (per person) to FCYG Central

or mail to the church office.