

Worker Form

Camp Moriah 2019

Jr. Camp June 9-14 _____ or Sr. Camp June 16-21

(Please include \$40 for CITs)

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ Age: _____ Male: _____ Female: _____

Birthday: _____ Marital Status: _____

Emergency contact: Name _____

Phone #: (_____) _____ Alternate # (_____) _____

T-shirt size (circle one): Adult: SM MED LG XL XXL XXXL Other _____
of shirts: _____ (\$12 each must be turned in by May 15 with applications)

Have you accepted Jesus Christ as your personal Savior? Yes _____ No _____

Please tell briefly of your Christian Experience:

What church do you attend? _____

What experience do you have with children that would benefit campers?

Are you willing to work as (mark with X)

Group Leader _____ Asst. Group Leader _____ Recreation _____ Crafts _____

Kitchen _____ Kitchen Clean-up _____ Nurse _____ Music _____ Snack Shack _____

Lifeguard _____ Night Watchman _____ Prayer Warrior _____ Grounds Crew _____

Wherever Needed _____

Do you have any medical concerns? Y _____ N _____

If so, explain (this is very important should a medical emergency arise)

Allergies and/or Medication

If you are under the age of 18 (Jr camp only), you must have parental consent to work at camp and permission to receive over-the-counter medication (medication must be turned in to nurse) I _____ give permission for my child to take over the counter medication and to volunteer at Camp Moriah.

Character References: (other than family)

Name: _____ Phone# (____) _____

Name: _____ Phone# (____) _____

Pastor's Recommendations and comments: _____

Pastor's Name: _____

Phone #: (____) _____

Signature: _____

For more information please contact:

Elizabeth Major

P.O. Box 252

Salem MO 65560

573-247-0497

Website: fgci.us

I will earnestly pray for our camp and come expecting awesome things from GOD!!!!

Signature: _____

Parent Signature required for all CIT's under the age of 18.

If you are going to be a counselor you may bring daily devotions and items to decorate your area.

SSN# _____ - _____ - _____ (required to check your name on the national sex offenders registry) Thank you for your understanding on this part of the application. We must do our utmost to keep our children safe.

