# Staff Registration for Children's Camp 2025

#### North Grand River/Harrison Baptist Association Children's Camp Monday, June 30, 2025 – Friday, July 4, 2025

Cost \$150.00, Deadline for having camp forms submitted to your Associational Office is Sunday, June 9, 2025

#### PLEASE COMPLETE A SEPARATE FORM FOR EACH CAMP

We will be doing a background check on all staff personnel. By signing the camp form, you are authorizing a background check.

|   | ************                         |                                   |                    | *********** |
|---|--------------------------------------|-----------------------------------|--------------------|-------------|
| Sponsoring Church   |                                      |                                   |                    |             |
| Name  | Date of I                            | Birth//                           | Male Female        | -           |
| Address   | City                                 | State                             | Zip                |             |
| Phone   | E-Mail                               |                                   |                    |             |
| T-Shirt Size: S M L_                                      | XL Add \$3.00 for XXLXX>             | <l< td=""><td></td><td></td></l<> |                    |             |
| Number of years as a Christ                               | ian Are you a baptized believe       | er?                               |                    |             |
| Are you active in a Southern<br>If so, name of church     | Baptist Church?,                     |                                   |                    | _           |
| Do you have any physical lir                              | nitations if so, what are th         | ney?                              |                    |             |
| Please designate an area yo<br>1 being your first choice. | u would be willing to serve during   | camp. Indicate cho                | ces by 1, 2, or 3. |             |
| Cabin Leader Asst. Cab                                    | in Leader Kitchen Elective           | e Day Worker                      | _Other             |             |
| If you have worked at camp                                | before, please list in what capacity | you have served.                  |                    |             |
|   |                                      |                                   |                    |             |
| If you have worked at camp                                | before, please list in what capacity | / you have served.                |                    |             |
|   |                                      |                                   |                    |             |

If you have any questions, please contact Bobbie Johnson Children's Camp Director

(660)373-0492

bobbiejohnson123182@yahoo.com

## **Medical Information**

| Name                      |                        |                 |     |  |  |
|---------------------------|------------------------|-----------------|-----|--|--|
| Age                       | Circle: Male or Female |                 |     |  |  |
| Social Security Number    |                        | _ Date of Birth | l   |  |  |
| Name of Sponsoring Church |                        |                 |     |  |  |
| Home Phone                |                        |                 |     |  |  |
| Address                   |                        |                 |     |  |  |
| Work Phone                |                        |                 |     |  |  |
| City                      | State                  |                 | Zip |  |  |
| Other Phone               |                        |                 |     |  |  |
| Emergency Contact Person  |                        |                 |     |  |  |
| Relationship              |                        |                 |     |  |  |
| Address                   |                        |                 |     |  |  |
| Home Phone                |                        |                 |     |  |  |
| City                      | State                  | _ Zip           |     |  |  |
| Work Phone                |                        |                 |     |  |  |
| Family Physician          |                        |                 |     |  |  |
| Dr. Phone #               |                        |                 |     |  |  |

### Check and comment on all that apply Make note of any health problems or medications you have

| Do you have any physical limitations?<br>If yes, explain | Yes No                      |               |
|--|-----------------------------|---------------|
| Allergies:   |                             |               |
| Penicillin   | Bee/insect sting            | Other (List)  |
| Sulfa/other drugs  | Poison Ivy                  |               |
| Tetanus Shot   | Hay Fever                   |               |
| Has history of or under medical care for:                |                             |               |
| Heart trouble  | tonsillitis                 | skin disorder |
| Asthma   | epilepsy/seizures           | appendicitis  |
| Bronchitis   | diabetes                    | hernia        |
| Nervous disorder   | athletes' foot              | ulcers        |
| Other  |                             |               |
| Subject to:nosebleeds                                    |                             |               |
| Home sickness  | stomach/digestive disorders | convulsions   |
| Sleepwalking   | crampsheadaches             |               |
| Bedwetting   | sore throat                 |               |
| earaches   |                             |               |
| Hyperactivity  | fainting                    | toothaches    |
| Exhaustion   | swimmers' ear               |               |
| cold/pneumonia   |                             |               |
| Other  |                             |               |
|  |                             |               |

Date of last tetanus shot: \_\_\_\_\_

Insurance information: Is the staff member covered by family medical/hospital insurance? Yes [] No []. If yes, please indicate carrier or plan name

Group # \_\_\_\_\_

SS # of policy holder/insurance ID number \_\_\_\_\_

Medical release:

I have provided complete and accurate information about myself and understand that, in the event medical treatment is required, every effort will be made to contact me (us) or the other person named above. However, if I (we) cannot be reached I (we) give permission to the staff or sponsor to secure the medical services deemed necessary to provide for this camper's wellbeing. I (we) also understand that the insurance provided by Grand Oaks Baptist assembly, Inc., is a limited supplemental policy covering only injury or accidents occurring during the event at Grand Oaks. Even then it will be used only to supplement the family insurance.

Signed\_\_\_\_\_ Date\_\_/\_/\_\_\_\_

#### Please complete the following questions (use another sheet of paper):

- 1. Write out your testimony: How you accepted Jesus as your savior.
- 2. What has Jesus been doing/teaching you in your life in the past year?
- 3. Have you ever led anyone to Christ? \_\_\_\_\_ Have you ever shared your faith with someone? \_\_\_\_\_

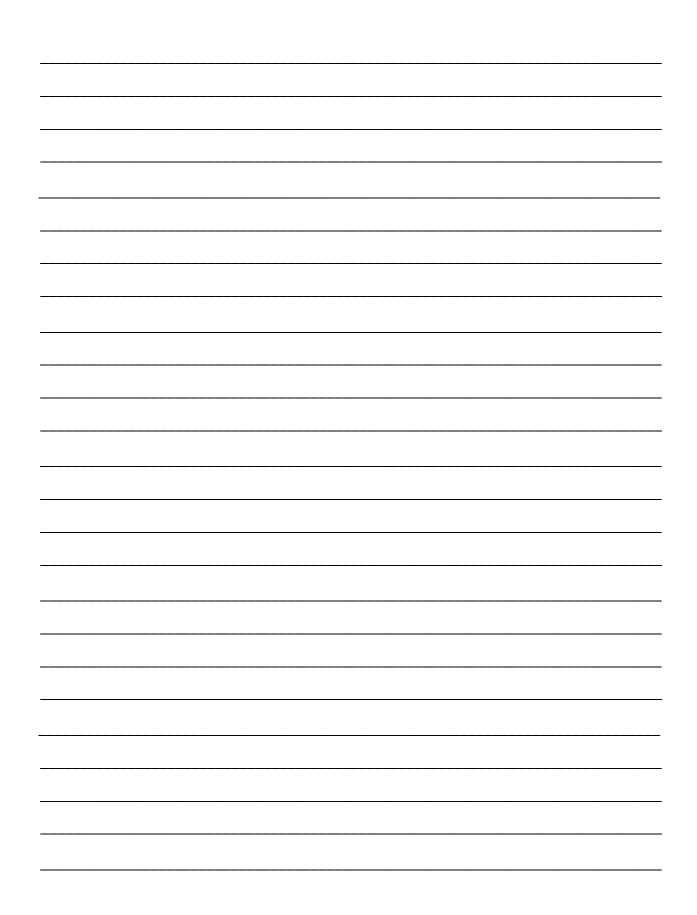
4. Do you have a workable knowledge of the Baptist Faith and Message? In other words, do you know what Baptists believe?

5. What do you feel are your strengths for working at camp?

#### **Screening Recommendation Form for Staff and Cabin Leaders**

Name (state your full name, this is for an accurate background check)

| Have you ever worked with children and/or youth? Yes, No                                | D.O.B//<br>Church Membership |                        |       |                |       | _ |
|---|------------------------------|------------------------|-------|----------------|-------|---|
| Have you ever been convicted of a felony? Yes No if yes, explain                        | f yes, where and what o      | capacity               |       |                | _     |   |
| Have you ever been accused or convicted of child molestation or child abuse?<br>/es, No | lave you ever been con       | victed of a felony? Ye | es No | if yes, explai | in    |   |
|   |                              |                        |       |                | ouse? |   |
|   |                              |                        |       |                |       |   |
|   |                              |                        |       |                |       |   |



#### **Statement of Faith**

The purpose of this statement of faith is to set forth certain teachings which we believe. This statement is our set of values that help us understand who we are and God's plan for us.

The Church: Everything the church does must first and foremost exalt the Lord (1 Corinthians 10:31). "Equipping" is one of the primary ways people become like Christ. This is accomplished as the church pours into the lives of others and those others reach out to more people (Ephesians 4:11-16).

The Scripture: Scripture is inspired by God. The 66 books of the Bible are true, authoritative, and fully sufficient for all matters of faith, belief, and life (1 Peter 1:2-4).

The Trinity: There is only one true God. He is the creator of Heaven and Earth, and all things exist to glorify Him (Colossians 1:16-17). God exists in three distinct persons (the Trinity). God the Father, God the Son, God the Holy Spirit.

God the Father: As Father, God reigns with providential care over His universe, His creatures, and the flow of the stream of human history according to the purposes of His grace. "God is Father in truth to those who become children of God through faith in Jesus Christ" (Psalm 19:1-3; Isaiah 43:3, 15; 64:8).

God the Son: Jesus Christ is the eternal Son of God. In His incarnation, He was conceived of the Holy Spirit and born of the virgin, Mary. "He honored the divine law by His personal obedience, and in His death on the cross, He made provision for the redemption of man from sin" (John 1:1-18, 29).

God the Holy Spirit: The Holy Spirit is the Spirit of God. He exalts Christ and convicts of sin and unrighteousness. "He enlightens and empowers the believer and the Church in worship, evangelism, and service" (Acts 1:8; 2:1-4, 38).

All humanity (except Jesus Christ) is sinful by birth and actions. Each person is dead in their sins and incapable of saving themselves from God's wrath (Ephesians 2:1-8).

The crucifixion of Christ was a real, historical event with prominent spiritual significance. The death of Christ on the cross is not a myth or legend, but historical fact. His death was not for His own sins, but for the sins of the world. Jesus died as a substitute for the sins of humanity (2 Corinthians 5:21).

The resurrection of Jesus occurred physically, truly, and scripturally. Jesus died on Friday, buried in a borrowed tomb, and physically arose from the grave on Sunday morning (1 Corinthians 15:4).

Jesus is alive today. Jesus ascended into Heaven and is now sitting at the right hand of the Father. All authority belongs to Jesus as King and Lord over all (Ephesians 1:20-23).

Salvation is a gift, given by God through faith in the atoning work of Jesus alone. God changes people from being rebels into being His adopted sons and daughters. His salvation is the forgiveness of sin and imputed His righteousness to us (2 Corinthians 5:17).

There will be physical resurrection of the dead at the end of time. Those who have placed their faith in Christ alone will be raised from the dead (1 Thessalonians 4:16).

God has ordained the family as the foundational institution of human society. Marriage is the unity of one man and one woman in covenant commitment for a lifetime. The husband and wife are of equal worth before God, since both are created in God's image. The marriage relationship models the way God relates to His people. Children, from the moment of conception, are a blessing and heritage from the Lord. All persons are created in God's own image and are made to glorify Him. God created man in His own image. In the image of God, He created them; male and female He created them (Genesis 1:27; 2:15-25, Isaiah 43:7, Ephesians 5:21-33).

Missional living is being a missionary where we live, work, and play. Jesus said, "For the Son of man has come to see and save that which is lost" (Luke 10:19). In light of that mission, Jesus has given us the same responsibility (John 20:21b).

Restoration begins with the understanding that we are all sinners. The church is a place of hope, healing, and new beginnings.

In signing this document, I show that I subscribe to the Statement of Faith as written above.

Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

This Section must be completed by the church pastor, youth leader, or chairman of Deacons before the applicant will be accepted to serve at Grand Oaks.

#### Please take great care in recommending this person.

This person is an active member of this church. I do / I do not / recommend him/her as staff personnel at Grand Oaks.

Please explain why you would recommend this applicant.

|           |                          | <br> |      |
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|           |                          |      |      |
| Pastor/St | aff Name (Please Print): | <br> | <br> |
|           | aff Signature:           |      |      |