



Mail by
May 1, 2009

2009 Worker Application - Children's Camp

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
SEX _____ AGE _____ (as of 7/26/09, minimum age 15)
EMAIL _____
PHONE _____ EMERGENCY # _____
PARENT'S NAME (if under 18) _____
CHURCH _____ PASTOR _____
WORKED AT CAMP BEFORE? YES ___ NO ___ WHEN? _____

CIRCLE CAMP(S) YOU WOULD LIKE TO WORK:

4th/5th Camp July 26-31, 2009
2nd/3rd Camp Aug 2-6, 2009
Kind/1st Camp Aug 6-8, 2009

CIRCLE T-SHIRT SIZE:

ADULT S M L
XL XXL XXXL

Tell us about how you came to know Christ and how long you've been a Christian:

Is your relationship with Christ active and growing: Explain:

Why do you want to be a worker at children's camp?

**SIGNATURE & PHONE NUMBER OF YOUR PASTOR AND CHURCH LEADER WHO
RECOMMEND YOU AS A CAMP WORKER**

#1 _____
#2 _____

This person(s) may be contacted for a written or verbal reference.

LIST ANY ALLERGIES:

LIST ANY MEDICATIONS TO BE TAKEN:

(All medicine will be given to the Camp Nurse upon arrival)

HEALTH INSURANCE COMPANY

Group # _____

Policy # _____

The camp's insurance policy is secondary.
It will cover only if you do not have coverage.

The camp attending personnel or hospital has my permission to administer needed medical procedures in an emergency.

Signature/Parent's Signature

X _____

Criminal Background Checks

This day and age brings challenges and concerns to any ministries that work with children. Victory Mountain Camp wants to be proactive, even progressive, in its approach to children's ministries. In order to approach these ministries with the greatest integrity, we will begin asking that volunteers undergo a criminal background check. The criminal background check is simple and completed at no cost to the volunteer. If you are selected to serve as a worker for this years children's camp, you will be sent the information necessary to complete this process. The information that you provide will be kept extremely secure and confidential. If you worked at Victory Mountain Children's Camp in 2008, you already have a background check on file that is valid for 5 years.

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SEND TO:

**Sherry Keye/Camp Director
222 Mt Zion Church Rd
Thomasville, NC 27360
Fax 336-472-4430**

CHILD CARE INFORMATION

If you have children under the age of 6 that will be needing child care, complete the form below. Thank you. CHILD CARE IS ONLY PROVIDED FOR CHILDREN AGE 3 AND OLDER.

NAME _____

SEX _____ BIRTHDATE _____

T-SHIRT SIZE: CHILD XS(2-4) S(6-8) M(10-12) L(14)

HEALTH INFORMATION _____

NUMBER YOUR FIRST THREE JOB PREFERENCES:

- ___ **COUNSELOR** - An adult that is with the kids throughout the camp. The counselor stays with the kids in the cabin and leads them to their different activities throughout the week.
- ___ **NURSE** - A licensed nurse is needed to give medicine to kids who are on medication as well as to treat any injury or sickness that might occur.
- ___ **LIFEGUARD** - Pool time is one of the daytime activities. Certified lifeguards are needed.
- ___ **CHILD CARE** - Takes care of the young children of our volunteers during the day and during our services.
- ___ **WATERFRONT** -Overseeing the safety of lakefront which includes the paddleboats and canoes.
- ___ **SPORTS/GAMES** - Variety of activities
- ___ **RIFLERY** - One of the daytime activities. A knowledge of BB guns and safety is required.
- ___ **ARCHERY** - One of the daytime activities. A knowledge of bows/arrows and safety is required.
- ___ **FISHING** - A helper to the waterfront leader. Involves helping kids fish and keeping equipment ready.
- ___ **CRAFTS** - One of our daytime activities. Plans and leads kids in making crafts.
- ___ **FOOD FUN** - One of the daytime activities. Plans and leads the kids in food crafts.
- ___ **KITCHEN WORKER**- Assist with food preparation and serving during meal times.

For additional information:

www.ncechildren.com

Questions?

Contact Sherry Keye at

sherry@mtzionwesleyan.com

or 336-472-4239