

*Boy's Camp: JULY 18-23, 2010 [camp *for ages 11-13 OR rising 6, 7th, or 8th grades-fall 2010](#)

*Girl's Camp: JULY 25-30, 2010 camp starts on Sunday, ends on Friday 10AM after breakfast

ELK SHOALS INTERFAITH CAMP REGISTRATION
COUNSELOR and VOLUNTEER Registration AND Release Form

Please print clearly or type:

Please attach recent photo:

First name _____ middle name _____ last name _____ home phone number: _____

Mailing ADDRESS: _____ city _____ state _____ zip code _____

Age _____ date of birth _____ tee-shirt size: Adult S, M, L, XL _____ social security number _____

Mother's full name _____

Father's full name _____

e-mail address: _____ PHONE: work # _____ cell phone # _____ home/other # _____

Person to notify in case of emergency; **other than parent/guardian:** _____ name/relationship/phone number(s): _____

Family doctor's name: _____ address: _____ doctor's phone number _____

Medical insurance company: _____ **NAME/POLICY NUMBER:** **attach a photocopy (front/back) Of insurance card (REQUIRED)**

NAME OF INSURED: _____ **CAMPER'S LAST TETANUS SHOT DATE:** **required to attend:** _____

Name and address of employer insurance is obtained through _____ **phone number (employer):** _____

As a counselor at Elk Shoals Interfaith camp, I feel that I could best contribute my talents to the following:

- _____ Crafts
- _____ Talent/Drama/Art/Music
- _____ Recreational outdoor activity/sports
- _____ Swimming/Tubing
- _____ First Aid/Lifeguard
- _____ Religious education

My Faith affiliation: _____

mail application to:
Elk Shoals United Methodist Camp
PO BOX 208
West Jefferson, NC 28694

Name/Phone: _____

Mosque ___ Church ___ Synagogue ___

Comments: _____

Please list any previous counselor/volunteer service: (use separate page if necessary)

For further info: Please call: 336-877-4607

Camp Health Exam for Campers, Staff and Adults: To be completed by MEDICAL PRACTITIONER:

Physical exams are valid for 1 year from date of last exam.

A current school medical form may be substituted for this section.

Name _____ Date of Birth ____/____/____

_____ May participate in all camp activities

_____ May participate except for:

Blood pressure: ____/____ Pulse: _____ Height: _____ Weight: _____

Is this individual taking prescription or over-the-counter medications? Yes _____ No _____

Please list: Medication and Dose:

Does this individual have allergies? Yes No

Explain: _____

Please attach allergy treatment plan for severe allergies requiring medications

Does the individual require a special diet? Yes No Explain:

Does the individual have special needs? Yes No Explain:

ATTACH copy of Immunization Record:

	Yes	No	Had Disease		Yes	No	Had Disease
Measles				Hepatitis B			
Mumps				Diphtheria			
Rubella				Pertussis			
Chickenpox				Polio			
Tetanus *Date _____							

Print name of medical care provider:

Medical care provider's address:

street city state zip

Signature of Physician

Date signed _____

Date of Exam ____/____/____

ELK SHOALS/AIC

Interfaith Camp

Medical ~ Photography/Videotaping ~ Background check

Permission Form

In the event that emergency treatment is required and I cannot be contacted, I give my permission for the staff of Elk Shoals United Methodist Camp to obtain any and all services required to secure the safety and health of MYSELF, including transport to the nearest treatment facility. Furthermore, I hereby release the staff, board members, funding districts, and all other employees or entities affiliated with Elk Shoals United Methodist Camp from any liability arising from the above actions. I agree that the staff shall notify me as soon as reasonably possible.

SIGNATURE _____

DATE _____

I agree to be interviewed, photographed, or videotaped for use such as camp promotions, brochures, broadcast and news media, or internet.

SIGNATURE) _____

DATE _____

AUTHORIZATION FORM: BACKGROUND CHECK:

During the application process and at any time during the tenure of my employment

OR volunteer service with Elk Shoals United Methodist Camp, Inc., I hereby authorize ChoicePoint Services Inc., on behalf of **Elk Shoals United Methodist Camp, Inc.** procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied.

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name (please print clearly)

Address _____

Signature _____ Date _____

_____-_____-_____ (required for background check)

Social Security Number

_____* Date of Birth *

MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: In connection with your application for employment, your credit report will be obtained and reviewed. Under CA law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. In the alternative, you may elect to receive the entire investigative consumer report, which will include your credit report.

YES, I am a California resident and would like a free copy of my credit report; or

YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY

Employer please note: If consumer checks "YES" regarding the credit report, and you do request a credit report, please fax this form to your ChoicePoint service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

Account Number: _____

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process and/or volunteer screening process:

Elk Shoals United Methodist Camp, Inc. will obtain an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

The following Consumer Reporting Agency will prepare the report:

ChoicePoint Services Inc.

1000 Alderman Dr.

Alpharetta, GA 30005

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification. ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

PLEASE NOTE: ALL FORMS MUST BE FILLED OUT COMPLETELY BEFORE YOUR APPLICATION CAN BE PROCESSED.

To: COUNSELORS/Volunteers attending Camp Elk Shoals/AIC Interfaith Camp 2010

Camp Elk Shoals staff is delighted that you have chosen to spend a week of your summer in the great outdoors! We expect that your Elk Shoals camp experience will be fun, that you will make lots of new friends and develop a sense of unity and co-operation through team exercises and character building events. This camp will offer you the opportunity to practice your religion and observe the faith practices of the other Abrahamic faiths. Each faith group will have their own leader for worship, and you will be asked to respect each groups prayer and worship times.

Counselors and campers are responsible for any damage to camp property above normal wear and tear. Do not bring cigarettes, matches, alcohol, tobacco or other harmful drugs, fireworks, radios, Cell phones, electronic games, skateboards, tape or CD players to camp. We also prefer that you leave any expensive items or jewelry and monies at home, as the camp cannot be held responsible for loss. Snack foods/drinks will not be allowed in any dorm rooms and must be kept upstairs. The vending machines have been removed from the Lodge, so you will not need to bring "canteen money".

As a counselor, you will be allowed to have a cell phone at the camp, but we ask that you refrain from using this phone during camp activities. We will have a discussion on phone use when camp starts, as we have made the decision not to allow the camper to have phones, it would not be appropriate for the counselors to use them around the campers unless there is an emergency.

We will be conducting a background check on all counselors and volunteers.

Please complete the permission form that allows us to do this check.

After review of your application form, we will be sending a confirmation letter of your acceptance.

**In the meantime, if you have any questions, please call the camp office:
336-877-4607.**

Thank you,

Pete and Peggy Parish

INTERFAITH CAMPERS:

The following checklist is a good guide for packing:

- Laundry bag (to store your dirty clothes)
- Blanket or Sleeping Bag
- Twin size sheets for bunk bed, pillow and pillowcase
- Towels/washcloths
- Toiletries (soap,shampoo,deodorant,toothpaste/brush, Personal items, etc.)
- CLOTHES for both COOL AND WARM WEATHER
- Light jacket or rain poncho
- LOTS OF SOCKS
- AT LEAST TWO PAIRS OF TENNIS SHOES OR SHOES SUITABLE FOR HIKING
- River Shoes (to wade/fish/swim-old tennis shoes may be used)
(barefoot wading is not permitted)
- Strap-less shoes, or open toed shoes will not be allowed on hikes or for games.
- Swimwear and tee-shirt for swimming (to prevent sunburns)
- Tee-shirts will be required for swimming and water activities
- Sunscreen (NON-AEROSOL)
- WATER/CANTEEN BOTTLE (label with camper name)

ALL CLOTHING AND SHOES must be labeled with camper name or initials.

All MEDICATION must be properly labeled and in the Original container.

See you at camp!
Pete and Peggy and Staff