

Camp Joy Staff Application Summer Missionaries 2021

NOTE: This is ONLY for those who have ALSO applied as an InFaith summer missionary

Name/Title you wish to be called: _____

Please Circle the Camps You would like to staff this year and return it to us. It is assumed that you will be able to serve for the entire camp without leaving, unless you specify otherwise just below. Thank-you!

Important: Please plan to attend the **Staff Training Retreat, June 3-6**. If you are unable to attend this training you must contact us as soon as possible to make other arrangements for training.

June 3-6 Staff Training

June 6-9 Junior

June 10-11 Little Kids

June 13-17 Intermediate

June 20-25 Junior High

June 27-July 2 High School

Comments:

Church you attend? _____ Church City _____

How often do you attend this church? _____

Pastor's Name _____ **Phone** _____

Pastor's Address _____

How long has he known you? _____

I am willing to allow Camp Joy's leadership viewing access to all of my social media accounts. Here is the name(s) under which they can be accessed. Please accept friendship requests from Camp Joy or John Lewis or other designated leader. _____

Parental/Medical Information (for those under 19 years old)

PARENTS - Person who will take this minor home after camp. _____

ONLY this person may take your minor home unless notified otherwise by parent(s).

Do you have any health problems or physical difficulties that we should know about? **Yes** **No**

If yes, please describe them here: _____

Please list any allergies here, including medications and food: _____

PARENTS – Should your minor be given medicines such as Tums, Pepto Bismol or non-aspirin pain reliever as needed? If you decline, then no medications will be given without your permission. **Yes No**

PARENTS – Please list any medications your minor will bring to camp. Give specific instructions how it is to be used. By writing these instructions down, you give the camp nurse permission to administer these medications as indicated. All medications must be given to the camp nurse at registration time. Emergency items such as epinephrine pens or inhalers can be kept by your child if you so indicate.

I understand that our insurance is the primary coverage for my minor child. In case of emergency, I give permission for the doctor selected by the camp to prescribe medication, secure treatment, hospitalize or perform surgery for my child's care. I understand the camp will contact me as soon as possible. I give permission for my minor child to participate in all camp activities, including supervised hikes and trips away from the grounds. All the information on this form is true to the best of my knowledge.

« **Parent/Guardian Signature:** _____ **Date:** _____

Camp Joy Pastor's Reference Form 2021

Applicant: Please give this form to your pastor with a stamped envelope addressed to:

Camp Joy
Attn John Lewis
17790 Corp Rd 23
Republican City NE 68971

Camp Joy Pastor's Reference for _____

Applicant's Name

Church Name _____

Pastor's Name _____ Phone _____

Pastor's Address _____

How long have you known this applicant? _____ How well? _____

As far as you know, has he/she been born again by faith in Jesus Christ? _____

Does Applicant attend Church regularly? _____

To what extent has the applicant engaged in the activities of your church?

- _____ Very irregular in attendance; little interest in activities
- _____ Seldom participates in activities; does attend regularly
- _____ Cooperates & often helps in various activities

In what forms of Christian service has the applicant been regularly active? _____

Does he/she come from a Christian home? _____ A disciplined home? _____ Gets encouragement at home? _____

Is he/she inclined to receive instruction? _____ Yields to discipline? _____

What strengths do you see in this applicant? _____

What weaknesses do you see in this applicant? _____

Have you ever known the applicant to illegally use intoxicating beverages? _____ tobacco? _____ drugs? _____

If so, explain: _____

Do you have any other comments about this applicant we ought to know? _____

Signature _____ Date _____