

Staff Agreement

I Understand that my term of service is: Ladies: June 4-6, July 9-July 30, 2010
Men: June 4- 6, July 30- August 20, 2010

I understand that I am coming to Camp Woodworth as a witness and representative of our Lord and Savior Jesus Christ, and as His witness I come with a cheerful attitude and a servant's heart.

I will be submissive to my authorities understanding that I may ask to do jobs that I don't particularly enjoy.

I will remember that I am coming to Camp Woodworth for the campers and not myself, and I will strive for all to have a good time.

I understand that I am loved and lifted up in prayer by my authorities and that they appreciate and understand the hard work I do.

Signature

Position

Date

Health History Form

Name _____

Soc. Sec. # _____

Date of last Tetanus shot _____

Parent _____ If not available in emergency, notify

Phone (____) _____ Name _____

Phone (____) _____

Please complete this form

Are you subject to any of the following?

Frequent colds ___ Frequent ear infections ___ Hypertension ___
Sore throat ___ Heart defect/disease ___

Hay fever ___ Swimmer's ear ___ Bleeding/ Clotting disorders ___
Upset stomach ___ Sinusitis ___ Convulsions ___
Sunburn ___ Bronchitis ___ Kidney trouble ___
Athlete's Foot ___ Asthma ___ Diabetes ___
Bedwetting ___ Hyperactivity ___ Psychiatric treatment ___
Homesickness ___ Special diet ___
Sleepwalking ___ Mononucleosis ___

Allergies: Bee stings _____ Medication _____

Foods _____ Other (specify) _____

Please give approximate dates of immunizations for: Tetanus _____

Mumps _____ Measles _____ Chicken pox _____

Describe any current condition requiring medication, treatment, or special restriction while at camp.
If none indicate in space provided:

Describe any past conditions, which required medical attention. If none indicate in space provided:

Any information you feel we need to know concerning medical or emotional needs about you:

Any special diet we need to know about:

Are you on medication? _____ Any medication brought to camp must be accompanied by written instructions from physician/parent and is to be turned in and administered by the camp nurse. All prescription drugs must be brought to camp in the container in which they were issued (with medical orders and physician's name intact.) Others will not be accepted.

Note: Do not pack medication in suitcase (Aspirin, Tylenol, Advil, cold remedies, vitamins, etc.). It must be given directly to the camp nurse and must be picked up by an adult at the end of the session.

Any questions? Let us know. (253) 884-2365

This must be signed by a parent if under age 18 or by applicant if 18 or over

- 1) **MEDICAL RELEASE: MEDICAL RELEASE:** I give consent for emergency health care or surgical treatment. I hereby also waive the right to sue or bring legal action against Camp Woodworth, or any of its employees as a result of any and all injuries, damages, or losses sustained while participating in a camp program. **I UNDERSTAND THAT SPECIAL EFFORT WILL BE MADE TO CONTACT ME IN CASE OF EMERGENCY.**
- 2) **PICTURE RELEASE:** I give my permission for use of pictures taken during in camp activities for use in promotion of camp brochures, video etc.
- 3) I hereby acknowledge that _____, with my consent, is applying for position at Camp Woodworth and is making a commitment to work the full term of service. Furthermore, I understand that my child is working as a volunteer.

SIGNATURE _____

DATE _____

INSURANCE

Please copy your insurance card front and back (send copy with registration)

Name of insured _____

Social Security # _____

Name of employer _____

Group # _____

Name of insurance co _____

Policy # _____