

GRACE Camp 2024 Support Staff Application

Name _____

Would like to be called _____ at camp.

Street Address: _____ City: _____ State: ___ Zip: _____

Mailing Address if different from above: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security #: _____ Driver's License #: _____ State: _____

Parents or Emergency Contact _____

Work Phone: () _____ Other Phone: _____

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE FOR EMERGENCY PURPOSES.

I am an active member of _____ church.

T-Shirt Size: S M L XL XXL Gender M F Ethnicity: W B H A Other: _____

Skills or areas of interest that would be helpful at GRACE Camp. _____

If you are a new support staffer, please list how you heard about GRACE Camp.

Were you referred by someone? Y N If yes, who? _____

GRACE Camp 2024 will be held at Uskichitto Retreat Center, June 8-14 (includes a training weekend)

My minor child, _____, has my permission to serve as support staff for the 2024 GRACE Camp at Uskichitto Retreat Center.

Parent Signature _____

The number of campers we accept is determined by the amount of staff committed to serve. If you are unable to keep your commitment, please inform the camp director immediately.

***Your application DOES NOT GUARANTEE a placement on support staff team**

GRACE Camp 2024 Support Staff Application (cont.)

Please indicate areas in which you would like to assist at camp by ranking your 1st choice, 2nd choice, 3rd choice and 4th choice.

helping with crafts

helping with outdoor games

helping campers learn to swim

helping with indoor games

playing an instrument (please bring to camp)

helping with singing

I understand that serving on GRACE Camp Support Staff is a voluntary service in which I will give of my time and my talents for the purpose of bringing God's love to at-risk children. I understand that the GRACE Camp staff serves as a team with individuals being given certain areas of responsibility and that all members of the team serve under the direction of the Director(s).

Given the sensitive issues associated with serving children, I certify that I have never been *accused/found guilty* of any offenses against children/others.

Signature _____

REMEMBER TO INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS APPLICATION.

Special consent is required by the camp before any support staffer will be allowed to participate in any of these activities. NO support staffer will be allowed to participate WITHOUT SIGNED PERMISSION!

_____ (Name) has my consent to participate in:

Archery

Axe Throw

Swimming

Ropes Course

Slip N Slide

Climbing Wall

Signature _____ Date _____

GRACE Camp Support Staff Parental Release Form

I RELEASE Uskichitto Retreat Center from any liability for injury or accident to my minor child serving as support staff while participating in any activities at GRACE Camp.

Signature _____ Date _____

I RELEASE GRACE Camp, Inc., the Camp Director, the campground, and ANY of their representatives liable for any accident, injury or illness which may occur while my child/support staffer is participating in any activity or event held during GRACE Camp.

Signature of Parent or Guardian _____ Date _____

Please return this application to: Carol Bates

3070 Fm 1004 W

Kirbyville, TX 75956

Or email to: carolbates1959@gmail.com