

Camp Staff Application (cont.)

Were you referred by someone? Y N

If so, please state their name: _____

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

I cannot come to camp, but would like to help with: ___ Pre-camp preparations

___ Transportation

The number of children allowed to attend camp is determined by the number of volunteer staff. Please notify the camp director as soon as possible if you find that you are unable to attend.

If you have health problems that would hinder you from rooming with campers, please indicate reason here: _____

Please indicate areas in which you would like to help at camp (regardless of whether you are in a cabin with campers) by ranking your 1st choice, 2nd choice, 3rd choice, 4th choice. Leave everything else blank.

___ planning and leading crafts

___ organizing give aways/packing school supplies

___ helping with singing

___ leading nature walk/scavenger hunt

___ Bible group study leader

___ supervising outdoor games including team games

___ nursing or first aid

___ supervising indoor games

___ willing washer

___ administrative help before or after camp

___ being 'in the pool' during swim times

___ helping campers learn to swim

G.R.A.C.E. Camp Staff Application Signature Sheet

Please initial and then sign the bottom of this form.

_____ I understand that serving on G.R.A.C.E. Camp, Inc. 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 needy, at-risk children.

_____ I understand that G.R.A.C.E. 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).

_____ I understand there may be classes the Director may require (safety, mandated reporting) and that I am willing to take the classes & furnish certificates for them at no cost to me.

_____ I agree not to hold G.R.A.C.E. Camp, Inc., the Director, or the campground, any church or any of their representatives liable for any accident, injury, or illness which may occur while participating in any activity or event held during camp.

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

_____ I understand that a background check will be conducted to verify that I have not engaged in any illegal or questionable activities.

_____ I understand that my application does not guarantee a place on staff.

Printed Name: _____

Signature: _____

Please return this signed application to: Carol Bates

3070 Fm 1004 W

Kirbyville, TX 75956

Or email it to: carolbates1959@gmail.com

GRACE Camp 2024 Staff Application

Name _____

Would like to be called _____ at camp.

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

Mailing Address if different from above _____ City: _____ State: ___ Zip: _____

Date of Birth _____ SS# _____ DL# _____ State: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Email address _____

Emergency Contact _____ Phone# _____

Present place of employment _____

Position _____ Duties _____

T Shirt Size: S M L XL XXL Sex: M F Ethnicity: w B H A Other _____

If you have a GRACE CAMP T-shirt that DOESN'T have signatures, please bring it to camp.

Skills or interest that would be useful at GRACE Camp _____

Please list any special needs or limitations (dietary, physical, etc.) that you may have that will be relevant at camp _____

As you may expect, a camp setting requires a lot of walking. Is this a problem for you? Y N

Are you a Veteran GRACE Camp staffer? Y N

If yes, number of years you have served: ____

Are you active in your church, or any other Christian ministry/service? Y N

Please give a brief description of your activities in Christian ministry/services. _____