

Wisconsin District Family Camp Staff Application

Department you desire to work in: Kitchen Dishwashing Canteen Sanitation Dorm Counselor (must be 21) Grounds
 Sunday School Dept Day Teacher Sunday School Dept Children's Church Nursing Staff (State of WI certification required)

Is Department Head/Staff Manager aware that you are coming? Yes No ***If not, you will be contacted regarding your application.***

ALL STAFF WORKING IN THE KITCHEN/CANTEEN OR SANITATION/GROUNDS AREAS ARE REQUIRED TO HAVE STURDY CLOSED TOED SHOES IN ACCORDANCE WITH REGULATIONS OF THE WI DEPARTMENT OF HEALTH.

PLEASE PRINT

Last Name _____ First Name _____ Age _____ Spouse (if attending) _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Pastor _____ Home Church _____

In case of emergency, please contact: _____ Phone _____ Cell Phone _____

Date you will be available to begin working:

_____ Please understand that you will be required to stay until the manager of the department you are working in is satisfied that the job/area you are working in is ready for the next camp.

ACCOMODATIONS REQUESTED:

- MEN'S STAFF DORM
- LADIES STAFF DORM
- ADULT ROOM (limited availability)
- TENT SITE
- TRAILER SITE WITHOUT A/C HOOK UP
- TRAILER SITE WITH A/C HOOK UP

Please list any immediate family members you will be bringing to camp. Only immediate family members under the age of 18 will be covered if you are a staff member.

1) _____ Age _____ 3) _____ Age _____
 2) _____ Age _____ 4) _____ Age _____

PLEASE CHECK WHAT YOU ARE BRINGING: (if applicable)

| | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> |
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Special Requirements: (ie..length of trailer, etc) _____

NOTE: ALL camp staff must fill out an authorization for criminal record check and background questionnaire prior to being accepted as camp staff. The two above mentioned forms must be mailed separately to: WI District UPCI—Security, PO Box 390, Medford, WI 54451
 Send Staff Application forms & health screen form to: WI District Camp, Attn: Jennifer Opheim, PO Box 688, Beloit, WI 53512-0688 ALL camp staff must see the camp nurse for a Health screen **and** have a health form on file. Contact Sis. Jennifer Opheim with questions. 608-362-5715 or opeyj2@aol.com

Camp Rules: I and all those listed on this form, if able, have read and agree to abide by the camp rules and staff guidelines as listed above.

Signed: _____ Date: _____

Pastor's Authorization: ALL registration forms must be signed by a pastor affiliated with the Wisconsin District UPCI before this form will be accepted by the registrar. Any changes made to this form must be initialed by the pastor or be approved by direct communication with the camp registrar. The above mentioned person(s) is associated with our church and has my recommendation to attend the Wisconsin District Camp as staff. **I am confident this person will be able to fulfill the duties of the requested position.**

Mail to: WI District UPCI Camp Registrar
 PO Box 688
 Beloit, WI 53512-0688

Pastor Signature: _____ Date: _____