

Name: \_\_\_\_\_

Check any medical problems that you have:

- \_\_\_\_\_ Stomach Upsets      \_\_\_\_\_ Asthma  
\_\_\_\_\_ Diabetes      \_\_\_\_\_ AIDS/HIV  
\_\_\_\_\_ ADD or ADHD      \_\_\_\_\_ High Blood Pressure  
\_\_\_\_\_ Convulsions      \_\_\_\_\_ Nose Bleeds  
\_\_\_\_\_ Environmental allergies      \_\_\_\_\_ Headaches  
\_\_\_\_\_ Bee Stings      \_\_\_\_\_ Other?: \_\_\_\_\_

\_\_\_\_\_ Allergies: to what \_\_\_\_\_

\_\_\_\_\_ Food Problems to what: \_\_\_\_\_

\_\_\_\_\_ Special Health Restrictions or Needs (physical or dietary) \_\_\_\_\_

\_\_\_\_\_ List all medications you are currently taking:

(Name & Dosage)

Name & Phone # of Family Dr. \_\_\_\_\_

Who to call in an Emergency? \_\_\_\_\_

**State Law Requires that we ask the following:**

- 1) **Have you ever been arrested for child molestation?** \_\_\_\_\_
- 2) **Have you ever been prosecuted for child abuse?** \_\_\_\_\_
- 3) **Have you ever been involved in any criminal activity?** \_\_\_\_\_

I hereby attest that the above information is correct. I understand that if I have falsified any information, I may be terminated from my position and sent home. I also give permission to conduct a criminal background check.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Every JUNIOR COUNSELOR must :**

- 1) **be 16 yrs old by July 1st.**
- 2) **Be accompanied by and working with another adult of the same gender from your church.**
- 3) **Pay a \$75. Fee (usually paid by your church)**

**Sponsor's Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_



# Penn-Jersey District Wesleyan Kids Camp

*Birdsboro, Pa*



# Junior Camp Counselor Application

**Junior counselors MUST:**

- 1) be 16 yrs old by July 1st.
- 2) Be accompanied by an adult of same gender from their church.
- 3) Pay \$75 (usually paid by your church.)
- 4) Send Application to District Director ASAP (latest by June 25th.)

- 1) Jr. Counselors are accountable to the Senior Counselor (sponsor) that they work with. At no time are they allowed to go off campus by themselves with or without a group of children.
- 2) Jr. Counselors must assist all staff in areas needed. (Example: Game Director Prep, Shower and Bath room patrols, Security Leaders, Etc)
- 3) Jr. Counselors are to be available to assist in supervision of the pool.
- 4) Jr. Counselors are NEVER left in charge of a cabin group without other adults nearby & supporting.
- 5) Jr. Counselors are to be a Shining example of what good behavior is, for the campers!
- 6) I will tolerate No Bad Behavior or Bad Attitudes of Jr. Counselors.
- 7) **Absolutely**, No use of cell phones during camp!
- 8) It should be the **goal of every staff member** to lead **all campers** toward the Lord Jesus Christ as their personal savior!

**PLEASE RETURN BY JUNE 12**

**Rev. Cherie E Swink, Camp Director**  
 183 Kresge Farm Rd  
 Effort, PA, 18330  
 Cell # (570) 656-2439  
 Email: [pjdkidscamp@gmail.com](mailto:pjdkidscamp@gmail.com)



**Where do you currently attend Church?**  
 \_\_\_\_\_  
 \_\_\_\_\_

**What is the Pastor's Name & phone number:** \_\_\_\_\_  
 \_\_\_\_\_

**How long have you attended this church?** \_\_\_\_\_

**Give a brief account of your Christian Experience:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do you have any physical limitations that may require special arrangements? YES / NO Please Explain if Yes:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**What skills, talents or work experience do you have that would be useful at camp?** \_\_\_\_\_  
 \_\_\_\_\_

**What Interests, Hobbies, and Sports do you play: (ex: puppets, hiking, Volleyball, etc...)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do you have any other experience working with (age 7-13yrs) children?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Sec. #** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**T-Shirt size:** [ ] S [ ] M [ ] L [ ] XL [ ] 2XL

**Email Address:** \_\_\_\_\_

**Face Book Screen Name:** \_\_\_\_\_

**MySpace Screen Name:** \_\_\_\_\_

(\* I will be asking to be your friend to get to know you a bit.)

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Home #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Relation to you:** \_\_\_\_\_

**Do you smoke?** \_\_\_\_\_

**Do you Drink Alcohol?** \_\_\_\_\_

**Do you take any non prescribed medication or Drugs?** \_\_\_\_\_

**Do you use any slang words, curse words, or other popular language at any time?** \_\_\_\_\_

**If so What are the words?** \_\_\_\_\_

\_\_\_\_\_