Woodland Acres Bible Camp

A ministry of Mid-America Mission, Inc. 54 CR 8052 * Green Forest, AR 72638 Office: 870-437-2852 Fax: 870-437-2852 *51

Email: info@mam-wabc.org Web:www.mam-wabc.org

AKROS Returning Camp Worker's **Application**

| | This Bo | x is For Office l | Jse Only: |
|------------------------|-------------|-------------------|---------------|
| Date Received: | Su | ımmer Missionary | /Letter Sent: |
| Ref. Letter: #1 | #2 | #3 | |
| Pastor: | | Approve | Deny |
| Explanation: | | | |
| Position: | | | eks: |
| Drug testing: | | | |
| Background Check: | | Pass: | Fail: |
| Completed Require Trai | ning Course | 2:YesNo | WeekOnline |

Woo pospel of Jesus Chri e, may send us thro

App

| st, | and Acre Bible Camp is a ministry of Mi to teach the Word of God, and to min h a Christian camping environment. | | • | • |
|-----|---|-------------------------|-----------------|---|
| oly | ing for (please check): | | | |
| 0 | AKROS (Grade 2-6) Counselor (18+ | years old) | | _ |
| 0 | AKROS (Grade 2-6) Assistant Cour | nselor (18+ years old) | Pleas | se attach a current photo: |
| 0 | AKROS (Grade 7-12) Counselor (20 |)+ years old) | | • |
| 0 | AKROS (Grade 7-12) Assistant Cou | inselor (20+ years old) | | |
| 0 | Counselor in Training (CIT) (15+ ye | ars old) | | |
| 0 | Nurse - Certified, LPN, or Registe | ered | | |
| 0 | Head Cook (Must have large group | experience) | | |
| 0 | Craft Room Director (20+ years old | d) | | |
| 0 | Craft Room Assistant (16+ years o | ld) | | |
| 0 | Dish Room (14+ years old) | | | |
| 0 | Kitchen Crew (16+ years old) | | | |
| 0 | Hospitality Crew (12+ years old) | | | |
| 0 | Activities Coordinator (20+ years o | ld) | | |
| 0 | Life Guard - Red Cross Certified | | | |
| 0 | Deep Water Certified | | | |
| 0 | Shallow Water Certified | | | |
| 0 | Other | | | |
| 0 | Other | | | |
| ase | e Print: | | | |
| t N | Name: | First Name: | | Middle: |
| e c | of Birth: Male: | Female: | _ Social Securi | ty #: |

Ple

| Last Name: | Firs | st Name: | Middle | e: |
|-----------------|------------|------------|---------------------------|----------------------|
| Date of Birth: | Male: Fem | ale: | Social Security #: _ | |
| Are you: Single | Married | Divorced | d Remo | arried |
| Home Phone: | Work Phone | 2 : | Other phone: | |
| Address: | Ci | ity: | State: _ | Zip: |
| Email address: | | Grade t | his coming fall (if appli | cable): |
| School Name: | | State | · T_Shint size | e - S M I YI 2YI 3YI |

| <u>Please Print:</u> | | | | Page 2 |
|---|--------------------------|------------------------|---------------|---------------------|
| Current Employer's Name: | | Years at curre | nt employme | nt: |
| Manager's Name: | | Work Pho | one #: | |
| Address: | City: | | State: | Zip: |
| Emergency Contact Name: | | _ Relationship: | | |
| Address: | City: | | State: | Zip: |
| Work Phone: | Home Phone: | Ce | II Phone: | |
| Are your still in good health? Yes _ | No | | | |
| If no, please explain: | | | | |
| Do you have any physical handicaps? | | • | | |
| Can you swim? Yes No | Do you have astrima? | 7es No | _ i reaimeni | • |
| Have you been tested positive for HI | :V? Yes No | Explain: | | |
| Do you have any communicable diseas Explain if yes: | • | • | | |
| Have you been accused, criminally consultanding warrants even for a traf | | | • | • |
| Have you been accused, criminally commolestation of a minor? Yes N | | • | • | • • |
| Have you had a sexual crime committ (Under strict confidence, please explain o | | | es" to either | of these questions) |
| In the past year has anything change Use of Tobacco: | • | | • | |
| Pre-Marital Sex: | | | | |
| Have you shared the Gospel or been | able to lead a soul to (| Christ in the past yea | ır? Yes | _ No |
| Where is your church membership? _ | | What Denomin | nation? | |
| Pastor's Name: | | Phone: | | |
| Address: | City: | | State: | _ Zip: |
| I have answered the above que permission for Mid-America Macheck on me. | | oodland Acres B | ible Camp | to do a background |
| Signature: | | Date | ž: | |

| Please give th | ne name and addres | s of three references. WABC | will send a reference questionnaire f | or them to fill out. |
|----------------|--------------------|-----------------------------|---------------------------------------|----------------------|
| | Name | Address | City/State/Zip | Phone |
| 1. (Personal)_ | | | | |
| 2. (Profession | nal) | | | |
| 3. (Family Me | mber) | | | |
| 4. (Opposite | gender) | | | |
| | | | | |

Worker's Covenant

Must be signed by ALL workers

I understand that while I am a staff member of Woodland Acres Bible Camp, whether paid or a volunteer, I am under the authority of the Camp Director and the rules established by the Camp. I have read and agree to abide whole heartedly by the camp rules without question. If at any time during my stay at the camp my behavior differs from the camp rules and is inconsistent with Biblical standards, I understand I may be immediately dismissed.

| Signature | | | |
|-----------|--|--|--|
| | | | |
| Date | | | |

Parental Information and Consent

For workers under the age of 18

| Mother's Name: Maiden: | |
|---------------------------|-------------|
| Date of Birth: | SSN: |
| Employment: | |
| Work Phone: | |
| Father's Name: | |
| Date of Birth: | SSN: |
| Employment: | |
| Work Phone: | Home Phone: |
| Insurance Company: | |
| Group #: | Phone: |
| Personal #: | |
| Drug/Other Allergies: | |

As parent and/or guardian of the above-named youth, I understand and accept all risks associated with the activities of a youth camp and release forever Woodland Acres Bible Camp and all individuals associated therewith, from any and all liability for injury or damage which may be sustained by the undersigned and or youth of the undersigned or property of the same at or in transit to or from any camp related activity of Woodland Acres Bible Camp. In case of emergency I authorize the camp to secure proper medical attention for my youth as the Camp deems necessary including the possible need for hospitalization, injection, surgery, or any other medical treatment according to the attending physician or other medical professional. I give the Camp permission to use my youth's photograph for promotional use by Woodland Acres Bible Camp and its assigns. I also give MAM & WABC permission to do a background check if applicable.

Signature of Parent or Guardian

Staff Rules

- 1. All Summer Staff members are under the direction and supervision of the Operations Director and Camp Director at all times.
- 2. Staff are expected to stay within the camp boundaries unless the Operations Director and Camp Director gives permission and they are with them
- 3. Full-time Staff housing is off limits unless directed by owners of the house.
- 4. No one is to be in the swimming pool or gym without permission.
- 5. No one is to be in the pool without a certified lifeguard.
- 6. Staff must have the permission from the Camp Director in order to use the telephone.
- 7. All Staff members are required to follow the entire camp schedule unless excused by the Camp Director or the camp nurse. If you are injured or do not feel well, report at once to camp nurse and/or Camp Director. This is important for your safety and the good of all campers and other Staff.
- 8. All Staff are to participate in activities if requested by Camp Director or Activities Director
- 9. All Staff are expected to be prompt to all meals and meetings.
- 10. Staff members are not allowed in the cabins of the opposite gender. Boys may go in other's boy's cabin and vice versa with the permission from counselors or Senior Staff.
- 11. No food, candy, drinks, or gum are allowed in the chapel or pool areas.
- 12. Pop cans and trash are to be put into designated containers. Please keeps the campground looking nice!
- 13. Every Staff member must be responsible for his or her own luggage, bedding, and personal belongings. We recommend that the staff member's name be placed on all personal items.
- 14. All Staff members are expected to be in their sleeping quarters from the "lights out" bell until the "rise and shine" bell except for emergencies. Lights and noise are not permitted in the cabin after lights out.
- 15. Athletic equipment is under the supervision of the Camp Director, Senior Staff, or Counselor and may be used as they direct.
- 16. Radios, CD's, DVD's, CD/DVD players, MP3/4 players, Ipod's, Walkman's, recorders, comic books, sleeveless shirts, tank tops, questionable imprints, or improper clothing are not allowed but will be returned to the Staff member at the end of the week. NO SHORT SHORTS. Shorts must be no shorter than three (4) inches above the knee.
- 17. Some kind of foot wear must be worn at all times.
- 18. Swimsuits for female Staff members must be a modest one piece, or a non-white colored shirt must be worn over the swimsuit. Male Staff members must also wear modest swimsuits. A towel and shirt, or a robe must be worn to and from the pool. WABC reserves the right to ask any Staff member to change his or her clothing due to violation of camp regulations. Failure to comply will result in the sending home of the Staff member at the Staff member or parent's expense.
- 19. Fireworks, guns, alcohol, tobacco products including e-cigarettes, dip, snuff, etc., drugs, and illegal paraphernalia will not be tolerated. Knives can be turned in on the first day to be given back at the end of the week. If caught, however, during the remainder of the week, we reserve the right to keep the knife and return at the parent's request only. Woodland Acres Bible Camp reserves the right to confiscate any of the above-mentioned and to report as necessary to the local authorities.
- 20. We will provide a running tab of Snack Shack and Store purchase during camp week. The tab will be paid by Staff members at the end of each camp week <u>WABC</u> is not responsible for the theft or loss of any money.

Camp Policies

Concerning Fighting: Physical and verbal fighting is not tolerated! First offense of fighting will receive a warning from the Camp Director, and a possible call to the parents / guardians. Second offense could result in sending home of the staff via the parent / guardian at the parent / guardian expense. Staff members sent home due to fighting will not receive a refund for time as Summer staff member.

Leaving without permission: Any staff member or camper that is a minor, leaves the camp ground area without permission, will be turned over to the local authorities as "runaways" and they will be detained by the authorities until parents or guardian are contacted.

Concerning Homesickness of a camper (note to Staff): Camp is a wonderful experience for most people. Sometimes, some experience homesickness during their stay at camp. We encourage the campers to get involved, and often when they do, they forget about missing home. However, occasionally, the camper may persist in calling home. Campers will be allowed to call home only under the Camp Director's supervision. They will make the first contact with you. Parents / guardians are encouraged to persuade their camper to stay for the full time. In the event that the parent / guardian wants to pick up their camper, no refund of unused camp fee will be made. As campers are often homesick after they have spoken with parents, we ask that unless it is an emergency, you not call your camper, nor ask the camper to call you.

Concerning sickness or injury of a camper (note to Staff): In the event your camper becomes ill or is injured, wither the Camp Nurse or the Camp Director will call you and inform you of the situation. Calls will not come directly from the camper.