

**FACULTY REGISTRATION FOR HANDI-CAMP**

***at WONDER VALLEY CHRISTIAN CAMP***

**JULY 8-13 2001**

*IN ORDER FOR EACH CAMPER TO FULLY ENJOY AND BENEFIT FROM THEIR WEEK OF CAMP IT IS ESSENTIAL THAT YOU FILL OUT THE COMPLETE FORM SO CAMPER/BUDDY MATCH-UPS CAN BE MADE TO THE BEST OF OUR ABILITY.*

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GENDER: M F AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT/GUARDIAN/SPOUSE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

HOME CHURCH \_\_\_\_\_ MINISTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HAVE YOU ACCEPTED CHRIST AND BEEN BAPTIZED? YES NO WHEN? \_\_\_\_\_

ALLERGIES, DISABILITIES, HEALTH LIMITATIONS \_\_\_\_\_

NO. OF YEARS EXPERIENCE IN HANDI-CAMPS (NONE REQUIRED) \_\_\_\_\_

IF POSSIBLE WOULD YOU LIKE THE SAME CAMPER AS 2000? \_\_\_\_\_

LIST EXPERIENCE WITH DISABLED PERSONS (NONE REQUIRED – JUST A WILLINGNESS TO SERVE) \_\_\_\_\_

PLEASE LIST ANY SKILLS/TALENTS YOU ARE WILLING TO USE AT HANDI-CAMP (MUSIC, CRAFTS, DRAMA, TEACHING, LAUNDRY DUTY, ECT...) \_\_\_\_\_

DESCRIBE YOUR INTEREST IN WORKING AT HANDI- CAMP \_\_\_\_\_

CIRCLE T-SHIRT SIZE: *SMALL MEDIUM LARGE X-LARGE XX-LARGE*

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN \_\_\_\_\_

HAVE ALLEGATIONS OF ANY TYPE OF PHYSICAL OR SEXUAL MISCONDUCT BEEN FILED OR SUSPECTED INVOLVING YOU? YES NO // IF YES, EXPLAIN \_\_\_\_\_

**LIST PHYSICIANS NAME**

PHYSICIANS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**LIST 2 REFERENCES (NON-FAMILY MEMBERS)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_



**AGREEMENT**

I, \_\_\_\_\_ (APPLICANT), CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS REGISTRATION FOR "HANDI-CAMP" FACULTY IS TRUE AND ACCURATE. I FURTHER AGREE TO ABIDE BY THE TERMS, LIMITATIONS, AND GUIDELINES SPECIFIED IN THE CAMP POLICIES AND THE TRAINING PROVIDED FOR HANDI-CAMP. I ACCEPT FULL RESPONSIBILITY FOR ALL OF MY PERSONAL BELONGINGS, INCLUDING ANY THAT MIGHT BE LOST, DAMAGED OR STOLEN DURING THE COURSE OF THE HANDI-CAMP SESSION. I REQUEST THAT THE CAMP ASSIST ME IN OBTAINING ANY NECESSARY EMERGENCY MEDICAL TREATMENT.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I, \_\_\_\_\_ (PARENT/GUARDIAN OF APPLICANT), CERTIFY THAT I HAVE READ AND REVIEWED THIS APPLICATION, AND SUPPORT MY SON'S/DAUGHTER'S EFFORTS IN SERVING AS A MEMBER OF THE FACULTY FOR HANDI-CAMP AT WONDER VALLEY.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE MAIL THIS REGISTRATION TO THE DEAN AS FOLLOWS:

**ANGELA STEPHENS  
201 Arboretum Way  
Burlington, MA 01803**

IF YOU HAVE ANY FURTHER QUESTIONS, CONTACT WONDER VALLEY AT 812-883-4964 OR ANGELA STEPHENS, CAMP DEAN AT 781-221-0420

THANK YOU FOR YOUR WILLINGNESS TO SERVE!