

# CAMP CONQUEST

480 Forest Road, Denver, PA 17517  
Ph: 717.336.2541 · info@campconquest.org  
Fax: 717.336.2678 · www.campconquest.org

## VOLUNTEER STAFF Application

**PAGE 1 of 1 This application is ONLY for use by those who served in 2009**

### Personal Information

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
Circle one: home / cell / work Circle one: home / cell / work

### Ministry Program and Position

Program Participation: Please list the program and dates that you desire to serve at camp:

Program: \_\_\_\_\_

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

Notes: \_\_\_\_\_

Position Desired

- |   |   |
|---|---|
| <input type="checkbox"/> Director         | <input type="checkbox"/> Asst. Director |
| <input type="checkbox"/> Camp Nurse       | <input type="checkbox"/> Head Cook      |
| <input type="checkbox"/> Lifeguard        | <input type="checkbox"/> Craft Leader   |
| <input type="checkbox"/> Cabin Counselor  | <input type="checkbox"/> Kitchen Helper |
| <input type="checkbox"/> Business Manager | <input type="checkbox"/> Speaker        |
| <input type="checkbox"/> Other: _____     |   |

**Authorizations:** The health history submitted in 2007/8 or 9 is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for myself. In the event the emergency contact cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

My 2007/8/9 application stands as my agreement to abide by the policies and regulations of the Grace Brethren Retreat Center.

**Volunteer Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parental Consent: As parent/ guardian of the minor named above I agree to the above terms.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any changes to: Address, Email, Phone, Employment Status, Church, Health History, Insurance or Medical Accommodation necessary, or any other information that was included on the 2007/8/9 application.

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### Pastoral Recommendation: (To be filled out by your Pastor)

In my opinion this applicant is spiritually, physically and emotionally qualified to serve on the Camp Conquest staff in the ministry program and position specified above.

Pastor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_