

SuperCamp2018

July 30th thru August 4th

Yellowstone Alliance Adventures

Bozeman, Montana

Staff Application Form

All information in the form below is required for background check purposes. Completing and signing the form indicates that you consent to a background check. Only people for whom a background check has been completed will be accepted as SuperCamp staff.

PLEASE PRINT LEGIBLY!!!! ☺

Personal Information:

Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____
Home Address (if different): _____ How Long? _____
Zip Code: _____ Gender (M/F): _____ Birthdate: _____
Email Address: _____ Home Church: _____
Pastor's Name: _____ Pastor's Signature: _____

Medical Information:

Physician's Name: _____ Phone: _____
Insurance Company: _____ Policy Number: _____
Date of Last Tetanus Shot: _____ Social Security Number: _____
Note: Social Security Number **MUST** be included to insure proper medical care.
Allergies (Food & Otherwise): _____
Have you been exposed to infectious/contagious diseases in the last three weeks? _____
If yes, explain: _____
Please check any condition with which applicant has had medical problems:
Heart Trouble: _____ Asthma: _____ Epilepsy: _____ Diabetes: _____
Please list any other information that might assist the medic / first aid person in providing better care:

Mail Completed Form **By July 20th** To:
Lucas Finch
4413 E. 8th St.
Cheyenne, WY 82001

CONTINUED ON BACK

Emergency Contact:

Name: _____ Relationship To Applicant: _____

Cell Phone: _____ Work Phone: _____

Two Adult References:Note: References **Will** Be Contacted If This Is Your First Year @ SuperCamp

Name: _____ Relationship To Applicant: _____

Email: _____ Phone Number: _____

Name: _____ Relationship To Applicant: _____

Email: _____ Phone Number: _____

Additional Information For Background Check:

Any Previous Names: _____

Previous Addresses (up to 5 years ago): _____

_____**Application Acceptance Process:**

Please note that there are a limited number of councilor positions open. Rocky Mountain District NYI is charged a fee by YAA for each person on their campground, whether camper or adult. To keep SuperCamp2018 affordable for our campers, we must limit the number of councilors.

However, we do provide the opportunity for adults not needed as councilors to be staff assistants. Staff assistants may be asked to help with a variety of activities, from running competitions to helping in the kitchen. Staff assistants are required to pay the amount that YAA charges per person (\$40 per night this year, or \$200 for the full week of SuperCamp2018) but are not required to pay anything else. (Campers pay \$250.)

If you are not accepted as a councilor, are you willing to be considered as a staff assistant, knowing that you or your church will need to pay \$200? Yes _____ No _____

Applicant's Signature:

By signing below, I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that any misrepresentation or omissions may disqualify me from or result in my immediate dismissal from SuperCamp.

I agree that I am in full agreement with the beliefs of the Church of the Nazarene, the Rocky Mountain District Church of the Nazarene, and the guidelines set for SuperCamp. I agree to follow and be an example of these beliefs as I interact with all members of SuperCamp.

Signature of applicant below demonstrates his or her willingness to obey these and other camp rules and consent to disciplinary actions determined by the Camp Director and Staff.

Signature of Applicant: _____ Date: _____