



# 2024 KIDS CAMP STAFF APPLICATION FORM

Application must be turned into the Association Office by **May 15, 2024**. This allows time to be approved/denied, and Camp Director(s) to have staff meetings before camp if they choose to have some.

\_\_\_ MALE \_\_\_ FEMALE

KIDS' CAMP (grades 2-6) JULY 7-11 \_\_\_

6th Graders have the option to attend either camp based on Parents/guardians discretion

T-shirt size: Adult \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2XL \_\_\_3XL \_\_\_4XL \_\_\_5XL

It is the goal of West Central Baptist Association to create a safe and secure environment for all children and workers who are involved in Associational Camps and Activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth programs. This information will be used for the sole purpose of helping the Association provide a safe and secure environment for children and workers and will be used for background checks.

### All adults must have an assigned job by the camp director.

Name \_\_\_\_\_

E-mail: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Have you used name(s) other than the one above? \_\_\_ yes \_\_\_ no If yes, please list

Length of residence at current address \_\_\_ Months \_\_\_ Years Previous Address:

\_\_\_\_\_  
\_\_\_\_\_

Will you be driving your own vehicle to camp? \_\_\_ Yes \_\_\_ No

Make/Model \_\_\_\_\_ License \_\_\_\_\_

Position you desire at camp:

\_\_\_\_\_  
(Director, Nurse, Counselor, Teacher, Lifeguard, Cook, Cook's helper or other)

Have you ever worked with youth or children before? \_\_\_ yes \_\_\_ no

List where \_\_\_\_\_

Write a brief biographical sketch of your training, service, experience and/or talents useful at camp. \_\_\_\_\_

Church you attend? \_\_\_\_\_ City \_\_\_\_\_ How long? \_\_\_\_\_

Church where you are a member? \_\_\_\_\_ City \_\_\_\_\_

List other churches you have been affiliated with. \_\_\_\_\_

Please list at least three references, **two** that are not relatives. These could be from a secular job, school teacher/counselor, neighbor or etc. **(SEE ATTACHED Pastor Recommendation form if under 18 years of age).**

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

3. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**HEALTH INFORMATION**

**MEDICATION:** Staff must present a list of current medications, including over-the-counter meds and their dosages to the Camp Nurse upon arrival. Your medications will be kept in a secure place and away from sight or access of campers.

**ALL medicines and drugs (including aspirins, Tylenols, and etc.) MUST be turned into the Camp Nurse upon arrival.** These medicines must be in their original/correct prescription bottle. Staff Applicant, when you sign this form you are authorizing the Camp Nurse to administer any prescribed or over-the-counter medications while you are at camp.

Will you be bringing medicines to camp? \_\_\_\_ Yes \_\_\_\_ No If yes, name of prescription(s) and dosage \_\_\_\_\_

\_\_\_\_\_

Can you participate in active sports? \_\_\_\_ Yes \_\_\_\_ No  
If no, why? \_\_\_\_\_

Do you have permission to swim at camp? \_\_\_\_ Yes \_\_\_\_ No

**Date of last tetanus shot** \_\_\_\_\_

**Allergies:** (answer yes or no) Bee Sting \_\_\_\_ Poison Ivy \_\_\_\_ Penicillin \_\_\_\_ Others \_\_\_\_\_

\_\_\_\_\_

Are you presently under a doctor's care? \_\_\_\_ Yes \_\_\_\_ No If so, for what reason. \_\_\_\_\_

Other information the Director of Missions, Camp Directors and/or Nurse will need to know about you. \_\_\_\_\_

\_\_\_\_\_

**PARENT'S OR GUARDIAN'S SIGNATURE IF 17 YEARS OF AGE OR YOUNGER**

Being the parent or legal guardian of \_\_\_\_\_ (minor's name printed) I \_\_\_\_\_ (parent/guardian's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent/guardian I am responsible for the healthcare decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of West Central Baptist Association sponsoring this event will be used as the secondary coverage.

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Signed \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**PERSON(S) TO NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Phone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**CONSENT TO TREAT IN CASE OF EMERGENCY**

(Staff applicant, it would be very helpful if your signature was notarized for emergency purposes). If you are under 17 years of age or younger, your parent/guardian's signature needs to be the signature notarized. Most banks have a Notary Public and do not charge for this service. They do request that you DO NOT sign your names in the CONSENT TO TREAT IN CASE OF EMERGENCY section until in the Notary's presence.)

I \_\_\_\_\_ (print name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for myself. I give permission to the activity leader to make the decision necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat me. I further understand that the doctors, dentists, and other providers attending to me will take all reasonable safety precautions during my care. I also understand I am responsible for the healthcare decisions made to treat me and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to me. Any insurance policy of the West Central Baptist Association sponsoring this event may be used as a secondary coverage.

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Notary Public \_\_\_\_\_ Date

**MAIL TO: West Central Baptist Association  
602 North Holden, Warrensburg, MO 64093  
E-mail: westcentralbaptistassociation@gmail.com  
Phone: 660-747-3628**

Associational Office Use Only	
Date form received _____	Application Approved _____ Application Declined _____
Date Applicant Notified _____	

## **2024 KIDS CAMP STAFF INFORMATION**

**LOCATION- Kamp Keirsej, 10002 NW Route J, Amsterdam, MO 64723.**

**DIRECTIONS:** <https://tinyurl.com/5yzt266w> **PHOTO OF CAMPGROUNDS:** <C:\Users\kljcs\OneDrive\Shared favorites all pics\Pictures\WCBA\Kamp Keirsej campgrounds.jpg> Camp is located 3 miles east of Amsterdam on Route J. Take I-49 / US 71 to Passaic exit (136) and follow Route F west 10 miles to Route J, then right on J for 1 mile.

**CAMP FACILITIES ARE AIR CONDITIONED!!!**

**THERE IS NO CHARGE FOR CAMP STAFF.** Your meals, snack card, and a T-shirt are provided. If you have a child attending camp, tuition (one only) is waived for that individual.

**COUNSELORS, PLEASE BRING THE FOLLOWING:**

Bring your Bible, pen and paper, an umbrella, pillow, twin size sheets, blanket and/or sleeping bag, towels 2 or 3 for bathing AND 2 or 3 for swimming, washcloths, toothbrush, toothpaste, soap, shampoo, deodorant, comb/hairbrush, changes of modest clothes for each day, shoes other than flip-flops, older clothes and tennis shoes for recreation time, pajamas, swimsuit (LADIES, modest one piece swimsuit only-NO two-piece bathing suits). **NEW DRESS CODE:** Men: NO white trunks. Ladies - bring MODEST clothes for each day (short shorts, spaghetti strap tops, yoga pants or leggings will not be permitted – you WILL be asked to change). Bring water shoes if you prefer. Bring your Bible, pen & paper, A SMILE, A SENSE OF HUMOR AND PLANS TO HAVE A GOOD TIME AND LEARN MORE ABOUT HAVING A CLOSER RELATIONSHIP WITH GOD.

**COUNSELORS DO NOT BRING THE FOLLOWING:** Fireworks of any type are prohibited. Electronic devices are permitted for adult staff ONLY. If electronic devices are brought, they are the sole responsibility of the staff member. If a camper NEEDS to call home, they should talk to the Camp Directors who will have their cell phones for emergency use or call the Associational Office (660-747-3628 or secretary at 660-909-2046.

**NO TOBACCO OR ALCOHOL PRODUCTS, FIREARMS OR OBSCENE LANGUAGE OR CLOTHING ARE ALLOWED ON THE CAMPGROUNDS. ALL STAFF MUST HAVE AN ASSIGNED JOB BY THE CAMP DIRECTORS.**

**Make plans to attend the full week.** Campers will not be allowed to leave and return for ballgames, fairs, etc. When someone leaves and returns, they become a distraction for other campers, and it interferes with the business at hand—which is for each person attending camp to gain a closer relationship with God. Should staff have a specific need to leave camp, be sure to get permission from the Camp Director.

**A Head Lice Check will be performed by the nurse(s) at registration.**

**Mail forms to or for more information:**

**West Central Baptist Association**

**602 North Holden, Warrensburg, MO 64093**

**Phone: 660-747-3628**

**E-mail: [westcentralbaptistassociation@gmail.com](mailto:westcentralbaptistassociation@gmail.com)**

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**KIDS' CAMP -- July 7-11, 2024**

Girls and Boys who have completed Grades 2-6.

Registration begins on Sunday July 7, 2:00 p.m.

Camp closes- 10:00 AM Thursday, July 11



**LEAD PASTOR/OR ASSOCIATE PASTOR'S RECOMMENDATION OF  
A STAFF APPLICANT 18 OR YOUNGER FOR 2024 WCBA CHURCH CAMPS**

It is the goal of the West Central Baptist Association to create a safe and secure environment for all children and its workers who are involved in our camps and activities. To facilitate this emphasis, we are asking the staff (UNDER 18 YEARS OF AGE OR YOUNGER ONLY) applicant's pastor to summarize some of the qualities, strengths, and characteristics of said applicant. We ask that the pastor include such information as the applicant's church involvement; involvement with children and/or youth; mission trips, and leadership type roles within the church, how long the pastor has known this applicant, and a recommendation or denial - if that is the case - of the applicant to serve the WCBA camps. Please return your affirmation on church letterhead (if at all possible) and be sure to include the following information:

Staff applicant's printed name: \_\_\_\_\_

Applicant's Church Membership is with : \_\_\_\_\_  
*(church name & address)*

Recommendation or Denial statements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lead/Associate Pastor's Printed Name: \_\_\_\_\_

Lead/Associate Pastor's signature \_\_\_\_\_ Date signed: \_\_\_\_\_

Please return all correspondence if at all possible by **May 15,** 2024 to:  
West Central Baptist Association  
602 N. Holden Street  
Warrensburg, MO 64093  
[westcentralbaptistassociation@gmail.com](mailto:westcentralbaptistassociation@gmail.com)

Any questions, feel free to contact our office at 660-747-3628. Thank you for your assistance in maintaining safe camps for the WCBA.