

# MWBC STAFF APPLICATION 2004

Applicant's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Married? \_\_\_\_ Phone #( ) \_\_\_\_ - \_\_\_\_ e-mail \_\_\_\_\_

If you have children who must accompany you to camp, their age and sex are ;

Local Congregation \_\_\_\_\_ Baptized Believer? Y N

Church address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Please list names of two active Christians (preacher, elder, teacher, member, etc.) to whom we may write for personal and Christian recommendations of you.

Name \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_ e- \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_ e- \_\_\_\_\_

Position(s) desired: (Circle 2 or 3 duties you would like)

Bible teacher, counselor in cabin, kitchen help, Dining Hall Supervisor, crafts, lifeguard, nurse, camp improvement, sports, Special activities, campfire preparation, other skills

Select the camp session at which you wish to volunteer. Please select first, second and third choices. Preference will be given to those able to volunteer at both weeks of a session.

Session	Dates	Age Group	Directors
YOUNG ADULT	May29 – June 5	Graduate – College+	
SENIOR WEEK	June 5-June 12	Grades 10 - Graduate	
INTERMEDIATE	June 12 – June 19	Grades 7 - 9	
JUNIOR WEEK	June19 – June 26	Grades 4 - 6	
GIRLS RETREAT	June 26 – June 30	Grades 4 – Graduate	
FAMILY CAMP	June 30 – July 3	All Ages	
Special Week I	July 31 – Aug 7	Grades 4 – Graduate	
Special Week II	Aug 7 – Aug 14	Grades 4 - Graduate	

Yes\_\_ No\_\_ Have you ever been convicted of or are presently being investigated for a sex offense?

If accepted as a counselor you will be called on to help keep MWBC a Christian environment free of drugs, tobacco, alcohol and promiscuity. Help us promote spiritual growth through your loving-serving attitude, friendliness, high family values, clean speech and integrity.

Signature \_\_\_\_\_

Shirt size \_\_\_\_\_

**MWBC has moved to a central registration system.**

**All applications are to be mailed to:**

Trish Miller  
601 Eleanor Court SE  
Cedar Rapids, IA 52403

# MWBC Staff Health Form

To be completed and signed by Applicant (Please print)

Staff Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M \_\_\_\_ F \_\_\_\_

Home Address \_\_\_\_\_ Work Phones (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
City State Zip (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone(\_\_\_\_) \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Other Emergency Contact and Telephone Numbers

Name \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Midwest Bible Camp carries insurance for each Staff member. Your personal insurance will be primary and then, if necessary, the camp insurance will pick up the difference. In the event you require treatment for a pre-existing problem or intentional self-inflicted injury, the bill will be sent to you as these are not covered by MWBC. MWBC requires that the camp nurse be informed of ALL medications you are taking upon arrival at camp.

All tick bites while at camp must be brought to the nurse so diagnosis can be made for possible Lymes infection.

Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_ Known Allergies & Reactions \_\_\_\_\_

Have you been exposed to any communicable disease (strep, measles, etc. in past three weeks)?

List medications, dosages, conditions and serious injuries or operations and whether or not follow up will be necessary while at camp. Please provide a photocopy of your insurance card.

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Insurance information: Insurance company and address \_\_\_\_\_

Name Insurance is listed under and policy number \_\_\_\_\_

Are you willing to take over-the-counter preparations at the nurse's discretion? Yes \_\_\_\_ No \_\_\_\_

Other information that will be helpful to the camp nurse while you are at camp. \_\_\_\_\_

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I hereby authorize Midwest Bible Camp to seek medical treatment, shots,

or X-Rays for me (name) \_\_\_\_\_ in an emergency situation.

WCYC has this authorization (dates while attending camp) from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_