



MAIL COMPLETED FORMS TO: PO BOX 155 KREMMLING, CO 80459

Jr. Camp begins at 3PM on Monday June 19. Please do not drop campers off before 3 PM. Campers are dismissed following the pot luck supper and program that begins at 6 PM Friday June 23. Parents are welcome to join!

Contact: Wendy Villa 970-846-2221

Jr. High Camp begins at 3PM on Monday July 17. Please do not drop campers off before 3 PM. Camp ends at noon on Friday July 21.

Contact: The Journey at First Baptist 970-824-5926

High School 5 pm Thursday, July 27 **Staff must be there by 2 pm** Camp ends after lunch Sunday

Contact: Kremmling Community Church 970-620-0427

We'd like to take the opportunity to thank you for your interest and willingness to serve the campers and other staff at Mt Elim Bible Camp. You're probably here because you remember how important camp was to you when you were a kid! If that's the case, you already know just how valuable you are!

There is no cost for staff 18 years of age and older. Cost for anyone younger than 18 is \$40.00 which is due on the first day of camp.

Besides completing all of your forms, you will need to have your pastor complete the recommendation form and a doctor will need to complete the Doctor's statement. *If you are applying for a staff position at High School Camp you will not need a Doctor's Statement but you will still need to fill out the Medical Form.*

Please complete the registration form by May 15th. We will absolutely not accept staff forms on the first day of camp!

We will let you know by June 1st whether your application has been approved.

**THE FOLLOWING ITEMS ARE
STRICTLY PROHIBITED ON CAMP
PROPERTY:**

KNIVES, GUNS OR WEAPONS OF ANY
KIND
FIREWORKS
TOBACCO, DRUGS & ALCOHOL
ELECTRONICS
BALLOONS

DRESS CODE

NO EXPOSED UNDERGARMENTS
NO SHORT SHORTS
NO TANK TOPS, SPAGHETTI STRAPS
NO STRAPLESS SHIRTS
NO MIDRIFFS OR SEE THROUGH CLOTHING
GUYS MUST WEAR SHIRTS AT ALL TIMES
NO OFFENSIVE T-SHIRTS: BEER, SEXUAL, POLITICAL, ETC.

QUESTIONS? CALL CAMP AT 970-736-8177 OR EMAIL MTELIMCAMP@GMAIL.COM

REGISTRATION MT ELIM CAMP STAFF 2017

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

DATE OF BIRTH _____ SEX (circle) MALE / FEMALE

AGE/GRADE (FALL OF 2017) _____

NAME OF HOME CHURCH _____

POSITION YOU ARE APPLYING FOR

JR CAMP

- COUNSELOR (must be 18 or older)
- JR COUNSELOR (must be 16 or older)
- COOK (must be 18 or older)
- DISH CREW LEADER (must be 18 or older)
- DISH CREW (must be 14 or older)

JR HIGH CAMP

- COUNSELOR (must be 18 or older)
- JR COUNSELOR (must be 16 or older)
- COOK (must be 18 or older)
- DISH CREW LEADER (must be 18 or older)
- DISH CREW (must be 14 or older)

HIGH SCHOOL CAMP

- COUNSELOR (must be 18 or older)
- COOK (must be 18 or older)
- DISH CREW LEADER (must be 18 or older)
- DISH CREW (must be 18 or older)

EMERGENCY CONTACTS

NAME _____

PHONE _____

RELATIONSHIP _____

NAME _____

PHONE _____

RELATIONSHIP _____

NAME _____

PHONE _____

RELATIONSHIP _____

*THIS FORM CAN BE COMPLETED ONLINE AT:
sites.google.com/view/mtelimreg*

STAFF AGREEMENT MT ELIM 2017

Staff Agreement

Any applicant who knowingly or willfully makes a false statement of any material, fact or thing in the application is guilty of perjury in the second degree as defined in section 1 8-8-503, CRS, and, upon conviction thereof, shall be punished accordingly. I swear that all information is true and accurate.

Signature

Parent Agreement

If you are a minor

I understand every effort will be made to contact me in the case of an emergency. In the instance that I cannot be reached I hereby give permission to any physician selected by the camp director to secure proper treatment and/or hospitalize my child (including surgery.) I also release the adult staff members of Mt. Elim Bible Camp to transport my child to and from any off-site activities related to the camp program of Mt. Elim.

Signature

PLEASE PROVIDE NAME & PHONE NUMBER OF THREE REFERENCES WE CAN CONTACT
YOU MAY PROVIDE A SIGNED LETTER OF REFERENCE, PLEASE ASK THEM TO INCLUDE THEIR
PHONE NUMBER IN THE LETTER

Name of Person we may contact

Phone

Name of Person we may contact

Phone

Name of Person we may contact

Phone

MEDICAL FORM

MT ELIM CAMP 2017

NAME _____

DOES THIS CAMPER/STAFFER HAVE ALLERGIES? Y / N

IF YES, PLEASE LIST:

PLEASE EXPLAIN ANY SPECIAL MEDICATIONS OR SPECIAL DIETARY NEEDS IN DETAIL:

IS THIS CAMPER/STAFFER PHYSICALLY ABLE TO PARTICIPATE IN ALL CAMP ACTIVITIES? Y / N

PLEASE LIST ANY LIMITATIONS:

NAME / ADDRESS / PHONE NUMBER OF CAMPER/STAFFER'S DOCTOR:

INSURANCE COMPANY

POLICY NUMBER

DOCTOR'S STATEMENT FOR MT ELIM CAMP **STAFF** 2017

Required by the State of Colorado, to be filled out by a licensed physician within one year of camp. Failure to complete this section will prohibit camper from enrollment of the camp program

Staffer Name

Please describe any history of serious illness or injury:

Height: _____ Weight: _____

BP: _____ Temp: _____

I have examined this staff member and found him/her to be in satisfactory physical condition, free from any contagious disease and capable of active participation in a regular camping program except as follows:

Doctor's Signature

Date

Please print Doctor Name, Address and Phone below:

Doctor's Name

Doctor's Phone

Doctor's Address, City, State, Zip

PASTOR RECOMMENDATION

MT ELIM CAMP STAFF 2017

TO THE APPLICANT: This recommendation form should be completed by your pastor and mailed directly to the Camp. References from family members are not accepted. Please complete the following information and give this form to your pastor for completion.

FULL NAME OF APPLICANT

ADDRESS OF APPLICANT

CITY

STATE

ZIP

TO THE PASTOR: The above individual is applying to be a staff member for one or more camps at Mt. Elim Bible Camp. Please fill this form out to the best of your ability and mail it in the pre addressed envelope included in this form. Thank you for taking the time to fill this out.

1. HOW LONG HAVE YOU KNOWN THE APPLICANT?

2. TO YOUR KNOWLEDGE HAS THE APPLICANT MADE A PERSONAL COMMITMENT TO JESUS CHRIST?

YES NO I DON'T KNOW

3. HOW WELL DO YOU KNOW HIM/HER?

VERY CLOSE FAIRLY WELL CASUALLY BY NAME/SIGHT

4. IN WHAT FORM OF CHRISTIAN SERVICE HAS THE APPLICANT PARTICIPATED IN REGULARLY?

5. TO YOUR KNOWLEDGE HAS THE APPLICANT USED THE FOLLOWING IN THE PAST YEAR?

ALCOHOLIC BEVERAGES? YES NO

TOBACCO YES NO

NON-MEDICAL DRUGS YES NO (MARIJUANA, NARCOTICS, ETC.)

ADDITIONAL COMMENTS: _____

6. RECOMMENDATION: I Recommend I recommend with reservation

I do not recommend

COMMENTS: _____

PLEASE PRINT THE INFORMATION BELOW:

Name Name of Church

Address City State Zip Phone Number

Pastor's Signature

Date