

# Anaheim District Church of the Nazarene Counselor Application

All Information is Confidential (Must be 18 yrs or older)

## PERSONAL

Name \_\_\_\_\_  
Last First Middle

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

Driver's License # \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## MEDICAL

General Health Condition: \_\_\_\_\_

Check any that apply:  Asthma  Epilepsy  Diabetes  Allergies

Medications: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

## IN CASE OF EMERGENCY WHILE AT CAMP, PLEASE NOTIFY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Out-of-State Emergency # \_\_\_\_\_

## SPIRITUAL

Describe your present relationship with the Lord Jesus Christ:

---

---

---

Church presently attending: \_\_\_\_\_

Pastor of Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Areas of Service/Involvement in your church: \_\_\_\_\_

---

---

GENERAL

Why do you want to serve as a Camp Counselor? \_\_\_\_\_

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

Have you served in a Camp before? \_\_\_\_\_ No \_\_\_\_\_ Yes: (List Camp & Directors)

\_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? (If yes, please explain. Attach a separate sheet if necessary) \_\_\_\_\_

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

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information that they may have regarding my character and fitness for counseling at camp. Should my application be accepted, I agree to be bound by the policies and procedures of camp which I serve and to refrain from unscriptural conduct in the performance of my services on behalf of the camp. I also understand and agree to allow the Anaheim District to run a complete background check in the review process. In addition I agree to allow myself to be videotaped and the footage to be used for promotional purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Do you want to work with your church?  Yes  No

What age group do you prefer?  Middler  Junior

Special Requests: \_\_\_\_\_

Please return to: Angie Hancock  
District Children's Camp Director  
410 Raymor Ave.  
Corona, Ca 92879  
(951) 751-5702

**DON'T FORGET TO HAVE YOUR SENIOR PASTOR FILL OUT A RECOMMENDATION FORM!**

**APPLICATION DEADLINE: June 23, 2019**

**Mandatory Counselor Meeting: Sunday, June 23 at 2:00pm at Faith Community Church in Yorba Linda (We are hoping to Live video the meeting for those unable to physically attend.)**



## Oak Glen Christian Conference Center Release of Liability and Medical Consent Form

### Adult

In order to comply with state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 attending activities held at the Oak Glen Christian Conference Center (OGCCC). Please be aware that OGCCC does NOT provide medical or hospital insurance coverage.

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Date(s) at OGCCC \_\_\_\_\_ Name of Group \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information:

Are you covered by medical/hospital insurance? Yes  No

Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

Name of Responsible Party \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Are all immunizations up to date? Yes  No

*\*If no, please attach explanation*

Has Camper recently been exposed (within last 3 weeks) to any kind of communicable disease? \_\_\_\_\_

Because of the terrain, altitude, and program involvement, OGCCC is not designed to accommodate and may not provide a safe camp experience for those with special needs. If you have ANY chronic condition, including any of the following: Asthma, Bleeding/Clotting Disorders, Cardiac Problems, Diabetes, Emotional Handicap, Epilepsy, Nervous Disorder, Physical Handicaps, Seizure Disorder, or require injections of any kind, notify your group leader and ask if your group has the level of medical supervision required for your condition(s). If a guest with special needs comes to OGCCC without appropriate medical supervision, the group or party may be asked to return the guest to his/her home.

### Adult Release of Liability and Medical Consent Form

List all medical conditions: physical, emotional, behavioral disorders and learning disabilities:

\_\_\_\_\_

### Please list ALL allergies:

Drug \_\_\_\_\_ Insect/Plant \_\_\_\_\_

List medications you will require while at camp and reason for taking the medicine:

By signing this form I give my informed consent to the First Aid personnel assigned by OGCCC who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures, which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a guest with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize OGCCC to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by OGCCC to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. This completed form may be photocopied for trips away from OGCCC's properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, bum cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_

I authorize OGCCC to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure and/or web site. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless Southern California Blending Center, Inc., and Oak Glen Christian Conference Center, their affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in OGCCC's camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and all Released Claims.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

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

## Pastor's Recommendation for COUNSELOR FOR DISTRICT KIDS' KAMP

\_\_\_\_\_ has applied to be a counselor at camp, which is a church camp operated by the Anaheim District Church of the Nazarene. The applicant would appreciate it if you would fill out this recommendation because you have knowledge of the applicant in the capacity of being his/her pastor.

The counselors will be doing a variety of tasks including counseling children with other staff personnel. Our number one concern for the applicant is their spiritual life and their desire to share their faith with their campers.

If you would take the time to openly share with us your knowledge and feelings about the applicant's qualifications to fill the above, mentioned role we would greatly appreciate it. Your response will be kept confidential.

Please check what you know about the applicant:      Below Average    Average    Above Average

Positive attitude and spirit			
Good example for kids			
Works well with peers			
Works well under supervision			
Good health			
Neat in appearance			
Loves children			
Enjoys the outdoors			
Good sense of humor			
Faithful to the church			
Ability to control temper			
Outgoing personality			
Growing Christian			
Healthy attitude toward opposite sex			
Good representative of the church			

Has the applicant ever exhibited abusive or inappropriate behavior?      Yes       No     

I recommend this person as a camp counselor.      Yes       No     

Additional comments that would be helpful to us: (or call director to discuss any area of concern)

---



---



---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Church

\_\_\_\_\_  
Phone

Please return by July 5 to:  
 Angie Hancock  
 District Kids' Kamp Director  
 410 Raymor Ave.  
 Corona, CA 92879  
 (951) 751-5702