

Send to:  
Camp La Verne  
PO Box 355  
La Verne, CA 91750



## CAMP LAVERNE Volunteer Staff Application

Camp La Verne serves people through an outdoor ministries program; leading them to a closer relationship with God; sharing the love of the Christian community and helping them grow in a personal Christian faith. For more information please visit [camploverne.org](http://camploverne.org)

### Available Positions

#### Operations Staff

- Head Cook
- Kitchen Staff
- Nurse
- Lifeguard
- Maintenance Forman
- Maintenance Staff (16yrs. or older)
- Child Care

#### Program Staff

- Director of Co-Director
- Counselor
- Counselor in Training (16yrs. or older)
- Spiritual Leader (Pastor, Guest Speaker)
- Arts & Crafts
- Music Leader
- Nature Study Leader
- Activity Leader

### What dates are you available to work at camp?

- Winter Camp (February 13-15)
- Junior Camp (July 18-24)
- Junior/Senior High Camps (July 25-31)

For additional information contact Sara Davis:

- by phone: (818) 952-8972
- e-mail: [sdavis@westernasset.com](mailto:sdavis@westernasset.com)

Name: \_\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

School or Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Are you under 18 years of age?  Yes  No If yes please state your age: \_\_\_\_\_

List the family members that will accompany you at camp:

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Briefly describe your qualifications for the position(s) selected above:

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Do you have any impairment, physical or mental, which might interfere with you ability to perform the job you are applying for?

Explain: \_\_\_\_\_

**Camping Experience (name/kind of camps, positions held etc.):**

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**Education:**

(Mark last year completed)

High School:     Freshman    Sophomore    Junior    Senior    Graduated

College:         Freshman    Sophomore    Junior    Senior    Graduated

What School: \_\_\_\_\_

**Why do you want to serve at Camp La Verne?**

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**Personal Interests**

Indicate your interests and skills in areas in which you feel confident to lead or help at camp. Example: If you play guitar, do you feel confident in leading music or accompanying someone else? Mark the following area that you have skills in and share your interest or experience and/or certificates held.

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Musical Ability              | <input type="checkbox"/> Hiking Experience  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sports                       | <input type="checkbox"/> Canoeing           |                                      |
| <input type="checkbox"/> Drama                        | <input type="checkbox"/> Photography        |                                      |
| <input type="checkbox"/> Computers                    | <input type="checkbox"/> Videography        |                                      |
| <input type="checkbox"/> Leading Youth                | <input type="checkbox"/> Woodworking/Crafts |                                      |
| <input type="checkbox"/> Leading Children             | <input type="checkbox"/> Teaching           |                                      |
| <input type="checkbox"/> Leading Worship/Song Leading | <input type="checkbox"/> Sign Language      |                                      |

Explain:

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**STAFF**

**Health History and Medical Consent Form**

Camp Attending: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Campers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age at Camp: \_\_\_\_\_ Sex (circle one): M / F Height: \_\_\_\_\_ Wt: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_/\_\_\_/\_\_\_

*Please list any conditions (allergies, headaches, heart, respiratory, sinus behavioral, etc.), or limitations that may affect the camper's participation in camp activities.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please list any medications the camper will be taking while at camp.*

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

*Consent for Non-prescription Medication: During the above listed dates, I give my permission for my child to receive the following over the counter medications from the assigned medical staff worker. (Please Circle)*

Kaopectate	YES	NO	Pepto-Bismol	YES	NO
Caladryl	YES	NO	Milk of Magnesia	YES	NO
Tylenol	YES	NO	Chloraseptic Spray	YES	NO
Advil	YES	NO	Cepacol	YES	NO
Benadryl	YES	NO	Alka Seltzer/Roloids	YES	NO

**In case of emergency notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Person to be notified if above cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Consent and for medical treatment:**

I hereby give permission to the medical personnel selected by Camp La Verne to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in a emergency, I hereby give permission to the physician selected by Camp La Verne to secure and administer treatment, including hospitalization, for the child named above. This form may be photocopied for trips out of camp.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent or legal guardian if camper is under 18 years of age.