



## 2017 Staff Application

Adult Shirt size (circle) S M L XL 2XL

\_\_\_\_\_  
Last Name First Name Birth date M/F Age

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

Phone(\_\_\_\_\_) Email:\_\_\_\_\_

Church You Attend: \_\_\_\_\_ How Long Have You Attended? \_\_\_\_\_ z

Church phone \_\_\_\_\_ Sr. Pastors Name/Signature \_\_\_\_\_ / \_\_\_\_\_

**\*\*On an attached separate sheet of paper please share: 1. How you came to know the Lord and 2. How you have grown spiritually in this last year\*\***

Have you had experience in the past as a camper and/or a staff member?

Please list: \_\_\_\_\_

**Please check where you would you be willing to serve:**

- Kitchen/Dining Room (must have food handlers card)
- Washing Dishes (must have food handlers card)
- Counselor
- Assistant Counselor
- Games

**Please check which camps you would be available to serve at:**

- High School Camp, 10-15
- Middle School Camp, July 17-22
- Junior Camp (4-6<sup>th</sup> grade), July 24-29

**Orientation for all staff members is the Sunday before camp at 6:00 PM.**

**Social Security Number** \_\_\_\_\_ **Maiden name** (if applicable) \_\_\_\_\_  
(Required for background check)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form I authorize the Puget Sound Christian Youth Association to conduct a background check. If you have not lived in Washington State for at least two years please provide us with your previous address, a reference from your previous pastor and one other person in your former church.

**Please return this form to your pastor as soon as possible.**

Pastors: Please attach to this form a background check. If the applicant has lived in Washington for less than two years or is new to your church please provide information concerning their references (former pastor and one other person from their former church).



**STAFF UNDER 18 MUST ALSO COMPLETE THIS FORM**

\_\_\_\_\_  
Last Name First Name  
Parent/Guardian #1 Full Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents/Guardians #2 Full Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Staff Member:** Because a successful camp needs the full cooperation and participation of each camper and staff member, I promise to enter fully into camp activities within the limitations of my health, to show proper respect for the property of the camp and other campers, and staff, and to be faithful to the necessary rules of the camp which are made for the welfare of all.

**In addition to this form those applying to be a Counselor in Training (CIT) must complete a CIT application form. All other Minor Staff must submit a Puget Sound Christian Youth Association Staff Application.**

Minor Staff Signature \_\_\_\_\_

**Parent/Guardian:** My child has my permission to serve as a staff member at PSCYA Summer Camps.

Parent/Guardian Name \_\_\_\_\_ Signed \_\_\_\_\_  
Print Parent/Guardian Name Parent/Guardian Signature

**Medical Consent form** – TO WHOM IT MAY CONCERN; As parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

Parent/Guardian Name \_\_\_\_\_ Signed \_\_\_\_\_  
Print Parent/Guardian Name Parent/Guardian Signature

Dates permission is effective \_\_\_\_\_ Parent's Name \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician's Phone # (\_\_\_\_\_) \_\_\_\_\_

Family Medical Insurance and member number \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other condition \_\_\_\_\_

Medications now being used \_\_\_\_\_

Any restrictions on camp activities? \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_ Additional emergency contact phone (\_\_\_\_\_) \_\_\_\_\_