

**HANDI-CAMP FACULTY REGISTRATION**

**WONDER VALLEY CHRISTIAN CAMP**

**JULY 7-12, 2002**

*IN ORDER FOR EACH CAMPER TO FULLY ENJOY AND BENEFIT FROM THEIR WEEK OF CAMP IT IS ESSENTIAL THAT YOU FILL OUT THE COMPLETE FORM SO CAMPER/BUDDY MATCH-UPS CAN BE MADE TO THE BEST OF OUR ABILITY.*

**TO RECEIVE A CAMP SHIRT PLEASE RETURN BY JUNE 1, 2002**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ GENDER: M F AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENT/GUARDIAN/SPOUSE \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

HOME CHURCH \_\_\_\_\_ MINISTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

HAVE YOU ACCEPTED CHRIST AND BEEN BAPTIZED? YES NO WHEN? \_\_\_\_\_

ALLERGIES, DISABILITIES, HEALTH LIMITATIONS \_\_\_\_\_

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NO. OF YEARS EXPERIENCE IN HANDI-CAMPS (NONE REQUIRED) \_\_\_\_\_

IF POSSIBLE WOULD YOU LIKE THE SAME CAMPER AS 2001? \_\_\_\_\_

LIST EXPERIENCE WITH DISABLED PERSONS (NONE REQUIRED – JUST A WILLINGNESS TO SERVE) \_\_\_\_\_

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**PLEASE CHECK ANY AREAS OF SERVICE YOU ARE INTERESTED IN HELPING WITH! (SEE INFORMATION SHEET FOR DISCRPTION OF EACH DUTY) PLEASE RETURN OR CALL ME BY MAY 1<sup>ST</sup> IF INTERESTED IN ANY OF THE BELOW SO FURTHER INFORMATION CAN BE GIVEN TO YOU.**

ONE ON ONE CAREGIVER ONLY ( ) ONE ON ONE CAREGIVER PLUS DUTY(ies) BELOW ( )

TEAM DEVOTIONAL LEADER ( ) TEAM LESSON LEADER ( ) TEAM CRAFT LEADER ( )

TEAM MEMORY VERSE LEADER ( ) SOLICITING DONATIONS ( ) DECORATING ( )

ANY AREAS OF SPECIAL TRAINING THAT WOULD BE HELPFUL DURING TRAINING (EX: CPR, PATIENT PERSONAL HYGENE CARE, LIFTING, ETC...) \_\_\_\_\_

MUSIC ( ) LIST ANY INSTRUMENTS WILLING TO PLAY \_\_\_\_\_

DORM PARENT ( ) DORM DEVOTIONS ( ) NURSE ( ) CAMPFIRE DEVOTIONS ( )

CAMP PHOTOGEPHER AND VIDEO PERSON ( ) DORM CLEANING ( ) SKIT LEADER ( )

FUN TIME IDEAS/PROGRAMS \_\_\_\_\_

CIRCLE T-SHIRT SIZE: *SMALL MEDIUM LARGE X-LARGE XX-LARGE*

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN \_\_\_\_\_

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HAVE ALLEGATIONS OF ANY TYPE OF PHYSICAL OR SEXUAL MISCONDUCT BEEN FILED OR SUSPECTED INVOLVING YOU? YES NO // IF YES, EXPLAIN \_\_\_\_\_

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**LIST PHYSICIANS NAME**

PHYSICIANS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**LIST 2 REFERENCES (NON-FAMILY MEMBERS)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ ALT. PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

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## AGREEMENT

I, \_\_\_\_\_, CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS REGISTRATION FOR "HANDI-CAMP" FACULTY IS TRUE AND ACCURATE. I FURTHER AGREE TO ABIDE BY THE TERMS, LIMITATIONS, AND GUIDELINES SPECIFIED IN THE CAMP POLICIES AND THE TRAINING PROVIDED FOR HANDI-CAMP. I ACCEPT FULL RESPONSIBILITY FOR ALL OF MY PERSONAL BELONGINGS, INCLUDING ANY THAT MIGHT BE LOST, DAMAGED OR STOLEN DURING THE COURSE OF THE HANDI-CAMP SESSION. I REQUEST THAT THE CAMP ASSIST ME IN OBTAINING ANY NECESSARY EMERGENCY MEDICAL TREATMENT.

FACULTY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I, \_\_\_\_\_ (PARENT/GUARDIAN OF APPLICANT), CERTIFY THAT I HAVE READ AND REVIEWED THIS APPLICATION, AND SUPPORT MY SON'S/DAUGHTER'S EFFORTS IN SERVING AS A MEMBER OF THE FACULTY FOR HANDI-CAMP AT WONDER VALLEY

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE MAIL THIS REGISTRATION BY JUNE 1st TO THE DEAN AS FOLLOWS:

**ANGELA STEPHENS**  
**216 Rangeway Rd. Unit 121**  
**North Billerica, MA 01862-2016**

IF YOU HAVE ANY FURTHER QUESTIONS, CONTACT WONDER VALLEY AT 812-883-4964 OR ANGELA STEPHENS, CAMP DEAN AT 978-362-4110 or [Angie@TheStephensFamily.org](mailto:Angie@TheStephensFamily.org)

THANK YOU FOR YOUR WILLINGNESS TO SERVE!