

**WONDER VALLEY CHRISTIAN CAMP**  
**GRACE WEEK FACULTY REGISTRATION**  
**June 11th - 17th, 2023**

**ATTENTION! If you volunteered at GRACE Week in 2022, you only need to complete the general Wonder Valley Volunteer form found on the website. If you did not volunteer in 2022, please complete both forms. Please complete necessary forms and return by May 15th.**

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

SSN \_\_\_\_\_ (Required for all)

Gender M F    DOB \_\_\_\_\_ Age \_\_\_\_ Occupation \_\_\_\_\_

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

Phone (    ) \_\_\_\_\_ TXT: Y N    E-mail \_\_\_\_\_

Guardian/Spouse Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Church \_\_\_\_\_ Minister \_\_\_\_\_ Phone \_\_\_\_\_

Have you accepted Christ and been baptized?    YES    NO    When? \_\_\_\_\_

Each faculty member, **who returns their registration by May 15th**, will receive a camp T-shirt at no cost. Please circle the following to better assist us in ordering.

T-shirt size?    **Child**    S    M    L            **Adult**    S    M    L    XL    2XL    3XL    4XL

List experience with disabled persons (None required, just a willingness to serve)

Have you ever been convicted of a felony?    YES    NO    If yes, explain \_\_\_\_\_

Have any type of allegations of physical or sexual misconduct been filed or suspected of you?  
 YES NO If yes, explain \_\_\_\_\_

**MEDICAL INFORMATION:**

Significant past medical history, physical limitations, illness, injuries \_\_\_\_\_

Allergies? Yes No \_\_\_\_\_

Do you currently take any medication (Include over-the-counter medication)? YES NO  
 If yes, please fill out the chart below: *Used by Nurses in case of emergency*

NAME OF MEDICATION AND DOSE OF EACH PILL	DOSAGE AT EACH TIME	TIME	ROUTE	REASON PRESCRIBED

Do any of these medications need to be carried on your person in case of emergency?  
 (Rescue inhalers, Epi-pen, etc) YES NO List: \_\_\_\_\_

**List 2 Emergency Contacts:**

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

**List 1 Physician:**

Primary Physicians Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_

**Are you CPR certified?** YES NO Date Last Certified \_\_\_\_\_

**LIST 2 REFERENCES (NON-FAMILY MEMBERS) (New Faculty Only)**

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

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

Phone ( ) \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

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

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

Phone ( ) \_\_\_\_\_ Alt. Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**AGREEMENT**

I, \_\_\_\_\_, certify that the information that I have provided on this registration for “GRACE Week” 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 GRACE Week. I accept full responsibility for all of my personal belongings, including any that might be lost, damaged or stolen during the course of the GRACE Week sessions. I request that the camp assist me in obtaining any necessary emergency medical treatment.

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

**\*\*ANY FACULTY UNDER 18 MUST HAVE BELOW PORTION FILLED OUT AND SIGNED BY PARENT\*\***

I, \_\_\_\_\_ (parent/guardian of applicant), certify that I have read and reviewed this application and the policies and support my son’s/daughter’s efforts in serving as a member of the faculty for GRACE Week at Wonder Valley. I request that the camp assist my child, \_\_\_\_\_, in obtaining any necessary emergency medical treatment.

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

*Please email this registration by May 15<sup>th</sup> to the GRACE Week Deans as follows:*

**Kelsey Bigelow**  
**kelseyrbigelow@gmail.com**  
812-595-5869

*or*

**Bailey Couch**  
**bailey.jayde.couch@gmail.com**  
(502) 689-2245