Counselor Registration Form

P.O. Box 367

Ironton, MO 63650

Camp Phone- (573)546-3020

Office-(573) 546-7159

Camppenuel@yahoo.com

COUNSELOR'S QUALIFICATIONS REQUIRED BY CAMP PENUEL:

1. Over 17 years of age
2. Mature and responsible
3. Able to leave their own children under 7 years at home
4. Alcohol and drug free
5. Willingness to supervise children

WHAT TO BRING TO CAMP:

- ❑ Sleeping Bag/Sheets/Pillow/Blanket
- ❑ Shorts/Jeans
- ❑ Personal Toiletries
- ❑ Watch
- ❑ Jacket
- ❑ Flashlight
- ❑ Swimsuit (one piece)
- ❑ Pen/Pencil
- ❑ Casual clothes
- ❑ Towels/Wash cloths
- ❑ Bible
- ❑ Water bottle

DO NOT BRING:

Radios/Ipods

Expensive Jewelry or valuables

No money is needed at Camp Penuel for Soda or Candy

IN ORDER TO KEEP OUR CABINS CLEAN AND BUG FREE WE WANT ANY FOOD ITEMS OR SNACKS TO BE KEPT IN THE KITCHEN AND NOT IN CABINS OR DORMS

Thank you for your interest in being a counselor at CAMP PENUEL. If you enjoy working with children and like to be outdoors experiencing GOD's beautiful world, then CAMP PENUEL is a perfect place for you to come. You will be able to share the love of the outdoors with 6 – 10 children between the ages of 7 and 11, by being their counselor. CAMP PENUEL is a non-denominational camp which offers **FREE** camping to inner-city children. Our camp is located on Lake Killarney near Ironton, MO, another camp is located in Eldred, PA, and yet another one is Costa Rica. For many of the children it is the first time they have been out of the city to a camp.

WHAT YOU CAN EXPECT AT CAMP:

Expect to follow our camp schedule

Expect to be busy from morning to night

Expect to be mom and dad to 6 – 10 children

Expect to sleep in a cabin with the children

Expect to participate in all activities with your kids

Expect to be with your campers 24 hours a day

Expect plenty of good food

Expect hot weather

Expect to be tired by the end of the day

Expect it to be an unforgettable exhausting emotionally uplifting experience

TYPICAL DAY AT CAMP

7:15 – Rise and Shine

8:00 – Breakfast

8:30 – Cabin Clean up

9:00 – Chapel

10:00 – Morning Activities

12:00 – Lunch

1:00 – Swimming and Waterfront

4:00 – Free time for rest/playground/etc…

5:00 – Supper

6:00 – Chapel

7:00 – Evening activities

9:30 – Evening Snack

10:00 – All campers in cabins

11:00 – Lights out

Cut and keep first page ✂

Group Name_____

COUNSELOR REGISTRATION INFORMATION

PLEASE PRINT!

Counselor's Name_____

First Middle Last

Date of Birth _____/_____/_____ (month/day/year) M or F (please circle)

Home Address_____

_____

Home Phone_____ Cell Phone_____

Parents, Guardians or Emergency Contact Person

Name	Relationship	Home Phone	Other phone
Name	Relationship	Home Phone	Other phone

Health Information

Medical Problems we should be made aware of:_____

_____

Are you on any medication while at Camp? _____ No _____ Yes

If yes, please give the name of medication and how dosage/frequency

_____

Family Doctor's Name_____ Phone_____

Insurance information (attach copy of card)_____

Do you have any Allergies: _____ No _____ Yes (Please list if yes) _____

Date of last tetanus shot_____

I VERIFY THE ABOVE INFORMATION IS CORRECT. I WAIVE AND RELEASE CAMP PENUEL AND ITS AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, INJURIES, COST, SUITS OR CAUSES OF ACTION, PAST, PRESENT, OE FUTURE, ARISING OUT OF OR CAUSED BY MYSELF OR MY CHILD WHILE PARTICIPATING IN THIS CAMP, OR SHOULD THERE BE AN INJURY TRAVELING TO OR FROM CAMP. I GRANT PERMISSION FOR CAMP PENUEL AND ITS AGENTS TO ADMINISTER OR ARRANGE FOR EMERGENCY MEDICAL TREATMENT IN THE EVENT Of ACCIDENT, INJURY, OR ILLNESS. I ALSO GIVE PERMISSION FOR MYSELF OR MY CHILD TO BE PICTURED OR VIDEOTAPED AND MY LIKENESS TO POSSIBLY BE USED IN ANY OF CAMP PENUEL'S PROMOTIONAL MATERIALS.

☑ **Counselor's signature** (Parent if you are under 18 years old)_____

CAMP PENUEL VOLUNTEER CONDUCT STANDARDS

These standards are designed to help volunteers understand the practices we expect them to follow at camp. These standards shall be conveyed verbally and in writing by camp staff to volunteers as they arrive at Camp Penuel.

VOLUNTEERS SHOULD:

Serve as positive role models to campers in manners and attitude

Have only appropriate physical contact with campers, counselors, and staff

Treat others with respect in conversation and actions

Allow only one person in any of the beds at Camp

SOME EXAMPLES OF INAPPROPRIATE CONDUCT ARE:

Violations of state laws regarding child abuse, providing alcohol or tobacco to minors, or having alcohol on camp property.

Use of profanity or inappropriate language

Physical contact which is inappropriate to a camper/counselor relationship considering the age and sex of the child

These are examples only and not intended to be a comprehensive list. If an investigation determines a violation occurred, it will result in the immediate and permanent dismissal as a Camp Penuel volunteer.

I verify that I meet the qualifications on the front page. Also, I have read the above copy of Camp Penuel Volunteer Conduct Standards, understand them, and agree to abide by these standards. I also by signing below verify that I am not a prior sexual offender nor have been otherwise restricted by the state or Government from working with or around minor children.

☑ Signature_____ Date_____

Print Name_____

Social Security Number (mandatory) _____

OUR CAMPING PROGRAM IS OPEN TO ANYONE REGARDLESS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX OR HANDICAP.

Camp Penuel Covid form must be signed by a parent or guardian and present on Monday

- 1. Have you or your child returned from any of the countries listed on Coronavirus website within the last 30 days? https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html *

  ○ Yes ○ No

- 2. Have you or your child been in close contact with anyone who has traveled within the last 30 days to one of the countries listed on the CDC website? https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html *

  ☐ Yes ☐ No

- 3. Have you or your child had close contact with or cared for someone diagnosed with COVID-19 within the last 30 days *

  ☐ Yes ☐ No

- 4. Have you or your child experienced any cold or flu-like symptoms in the last 30 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? *

  ☐ Yes ☐ No

- 5. By checking YES below, I do consent to having my child's temperature taken and understand that if their temperature is over 99* my child may not come to Camp. I understand that if I check NO to consent that my Child cannot attend camp*

  ○ Yes, I consent to having my child having their temperature taken ○ No, I do not consent and understand my child will not be allowed to attend camp..

Signature of Staff- Parent or Guardian: This form must accompany the Staff registration form

_____