



## Staff Volunteer

## Registration Form

P.O. Box 367

Ironton, MO 63650

Camp Phone- (573)546-3020

Office-(573) 546-7159

Camppenuel@yahoo.com

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### **QUALIFICATIONS REQUIRED BY CAMP PENUEL:**

1. Willing to work hard
2. Mature and responsible
3. Able to take instructions and follow the supervisor
4. Alcohol and drug free
5. Willingness to follow all safety rules

### **WHAT TO BRING TO CAMP:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sleeping Bag/Sheets/Pillow/Blanket | <input type="checkbox"/> Jacket               | <input type="checkbox"/> Casual clothes/Gloves |
| <input type="checkbox"/> Shorts/Jeans                       | <input type="checkbox"/> Flashlight           | <input type="checkbox"/> Towels/Wash cloths    |
| <input type="checkbox"/> Personal Toiletries                | <input type="checkbox"/> Swimsuit (One piece) | <input type="checkbox"/> Bible                 |
| <input type="checkbox"/> Watch                              | <input type="checkbox"/> Pen/Pencil           | <input type="checkbox"/> Water bottle          |

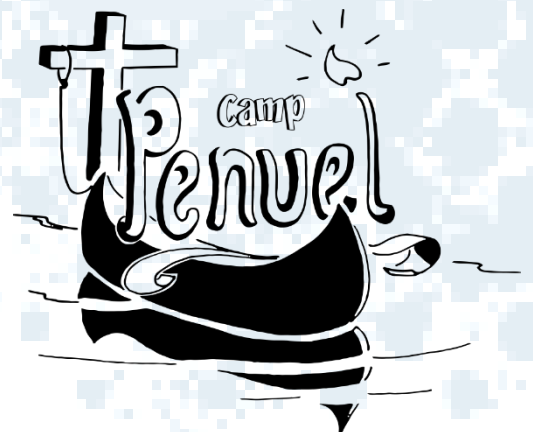
### **DO NOT BRING:**

Expensive phones and Ipods (you may at your risk)

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 OR IN A SEALED CONTAINER**



Thank you for your interest in being on mission at CAMP PENUEL. If you enjoy working with your hands and like to be outdoors experiencing GOD's beautiful world, then CAMP PENUEL is a perfect place for you to come. Our primary focus is children between the ages of 7 and 11. Our goal is for you to be as blessed as we are working here. 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:**

**A weekly stipend- amount depending on if you are a first year or returning staff**

**Expect to follow a schedule**

**Expect to be busy from morning to night**

**Expect to use your hands and work hard**

**Expect to sleep in a cabin**

**Expect to participate in all activities you are scheduled to**

**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**

**7:00 – 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**

# STAFF VOLUNTEER REGISTRATION INFORMATION

**PLEASE PRINT!**

Volunteer 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 ACKNOWLEDGE AND ALLOW THE ABOVE NAMED MINOR (OR MYSELF) TO WORK AS A VOLUNTEER FOR CAMP PENUEL AND ENGAGE IN THE ACTIVITIES RELATED TO BEING A VOLUNTEER. I UNDERSTAND THAT EACH VOLUNTEER IS EXPECTED TO BE COVERED UNDER HIS OR HER OWN MEDICAL OR HEALTH INSURANCE COVERAGE.

I WAIVE AND RELEASE CAMP PENUEL AND ITS AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, INJURIES, COST, SUITS OR CAUSES OF ACTION, PAST, PRESENT, OR 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.

**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.

## VOLUNTEER STAFF SHOULD:

- Be 18 years or older unless allowed by director
- 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
- Have a good attitude and no inappropriate language
- Abide by instruction from supervisors on any and all safety rules and regulations
- Be involved in worship services when needed

## 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 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. I also understand that the any gift that I receive from Camp Penuel is a stipend and not pay, and if the total exceeds a specific amount I will receive a 1099 form in which I will have to claim as income on my taxes.**

Volunteer Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security Number (mandatory if over 18) \_\_\_\_\_

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