



Counselor Registration Form

Summer
Camp

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Sleeping Bag/Sheets/Pillow/Blanket | <input type="checkbox"/> Jacket | <input type="checkbox"/> Casual clothes |
| <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 |

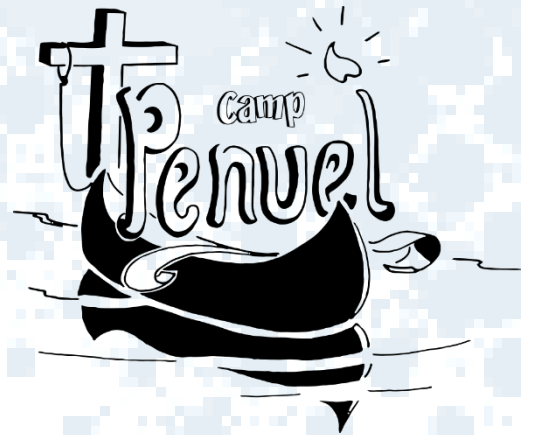
DO NOT BRING:

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

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
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Name	Relationship	Home Phone	Other phone
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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, 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.

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.