



**2022 G.W.B.A. Staffer Application**  
**July 9-16 (Tuesday Noon – Saturday Noon)**

**Jr. Camp – July 9-12 (Saturday Noon – Tuesday Noon)**  
**Sr. Camp - July 12-16 (Tuesday Noon – Saturday Noon)**

*\*Eat lunch before you come to camp*

**Cost: Jr. Camp - \$140, Sr. High Camp – \$180**

**(A Late Registration Fee of \$25 will be applied to all staff applications received after May 7th.)**

For questions call Carissa Seidel @ 618-315-0692

Please Circle the (camp/camps) for which you are volunteering: (Junior - July 10-13) (Senior - July 13-17)

NAME(Last) \_\_\_\_\_ (First) \_\_\_\_\_

E-MAIL \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ **Circle Your T-Shirt Size:** S M L XL XXL XXXL

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Are you a Christian? \_\_\_\_\_ Are you a member of an SBC church? \_\_\_\_\_

If yes, what is the name of your church? \_\_\_\_\_

How long have you been a member? \_\_\_\_\_ How often do you attend? \_\_\_\_\_

What is your pastor's name? \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever worked GWBA camp as staff? \_\_\_\_\_ How many times? \_\_\_\_\_

Which camp(s)? \_\_\_\_\_ Junior Camp \_\_\_\_\_ Senior Camp \_\_\_\_\_

Have you ever been accused, charged or convicted of a crime against children? \_\_\_\_\_

If yes, conviction & when? \_\_\_\_\_

Has your church performed a background check on you? Yes No Most Recent Check Date: \_\_\_\_\_

I am enclosing a copy of the minutes from our church's business meeting that verifies the church's approval of me as a youth camp staffer for the G.W.B.A. Camp on July 9-12 or July 12-16, 2022 (or both).

To the very best of my ability I, \_\_\_\_\_ attest to the truth of all information.

DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Are your camp fees out of pocket? \_\_\_\_\_ If yes, how much of your fee was out of pocket? \_\_\_\_\_

Would you like a potential reimbursement if funds are available? \_\_\_\_\_

**Please fill out the medical form on the backside of this paper before returning it.**

**2022 GWBA CAMP EMERGENCY MEDICAL FORM FOR STAFF**

*Please fill out this form in **BLACK INK** and return it as soon as possible. Thank you!*

NAME(Last) \_\_\_\_\_ (First) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Circle:    MALE    FEMALE

List the name, relationship, and phone number of someone we need to contact in case of a medical emergency. Please make sure the numbers work consistently.

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

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

Medical Insurance Provide \_\_\_\_\_ Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any Medication allergies \_\_\_\_\_

List any Food allergies (Please Call Brianna Trowbridge @ 618-554-5330 if you have a severe food allergy for registration information): \_\_\_\_\_

\_\_\_\_\_

List any other allergies \_\_\_\_\_

List of current medications and reasons you are taking them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medical information you think we might need in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, I \_\_\_\_\_ (staff member), give my consent to the Greater Wabash Baptist Association Youth Camp staff to take me to the hospital for medical treatment.

Signature of Staff Member \_\_\_\_\_

Date signed \_\_\_\_\_

**\*\*Forms & Checks (Make checks out to GWBA) may be Mailed to: GWBA, 101 NE 7<sup>th</sup> Street, Fairfield, IL 62837**