



Returning Counselor Application 2020

Young Disciple Youth Bible Camp

Please print using blue or black ink.

GENERAL INFORMATION

Full Name: _____ Current Age: _____
First Last

Mailing Address: _____
Street/PO Box City State Zip

Phone: _____
Home Work Cell

Email: _____ Date of birth (month/day/year): _____

Current occupation/grade in school: _____

DATES & TRANSPORTATION

Pre-Camp Work Bee (July 5 – 8)
Counselor Orientation (July 8 – 12)
Camp Week 1 (July 12 – 19)
Camp Week 2 (July 19 – 26)
Counselor Retreat (July 26 – 28)
Post-Camp Work Bee (July 28 – August 2)

Please check *all* of the following travel options that apply to you:

- ☐ I plan to be at Young Disciple Camp from July 8–26 (not staying for the counselor retreat).
- ☐ I plan to be at Young Disciple Camp from July 8–28 (staying for the counselor retreat).
- ☐ I plan to help with the pre-camp work bee, arriving on ARRIVAL DATE.
- ☐ I plan to help with camp cleanup/tear down after counselor retreat, leaving on DEPARTURE DATE.
- ☐ I will need to be picked up at the airport. I will provide the camp office with all flight details.*
- ☐ I will provide my own transportation to camp.
- ☐ I will bring a vehicle to camp that I can use for camp transportation and I can transport campers to nearby functions.
- ☐ I am willing to allow another licensed driver to use my vehicle for camp purposes.
- ☐ Other: _____

* Young Disciple provides airport pickup and drop-off service for those whose flights arrive at Spokane International Airport by 2:30 PM on July 8, and depart after 1:00 PM on July 26, or anytime within reason on July 28. Please send a copy of your flight itinerary to the YD office at least **three weeks** prior to camp.

SKILLS

Please list any new skills or interests* you have that may benefit the camp program: _____

Please list any classes you are able to teach: _____

*If you would like some ideas of what we're looking for, please refer to the last page of the initial Staff Application for a list of skills & interests.

MEDICAL

Please list any significant physical conditions or medical history (major surgery, seizures, mental/emotional disorder, etc.): _____

Describe any significant allergies and/or intolerances along with their reaction and treatment: _____

Do you require gluten-free meals? ☐ Yes ☐ No

Medical insurance carrier and policy number: _____

In case of emergency, we should contact:

Name

Relation

Home Phone

Work Phone

Cell Phone

CAMP POLO SHIRT

If your current camp polo shirt looks nice and is in good condition, please be sure to bring it. If you need a replacement polo shirt, please circle the size you would like: S / M / L / XL / XXL

PARENT'S AUTHORIZATION *For all minor applicants (under age 18).*

As a parent and/or legal guardian of NAME OF APPLICANT, I am in favor of the applicant serving at Young Disciple Youth Bible Camp and participating in all activities unless otherwise specified in writing. Young Disciple Ministries may use images of above applicant taken during camp for promotional and/or illustrative purposes. I hereby release the camp from liability in case of accident or illness. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the camp staff to administer natural remedies as deemed appropriate and/or to hospitalize and administer anesthesia and medications as required or perform surgery on the above applicant.

Signature: _____ Relationship: _____ Date: _____

COUNSELOR AGREEMENT

I have carefully read the camp codes, and I agree to abide by all the camp regulations and policies, and to uphold camp objectives. I will not promote any issue or subject that will cause controversy, division, or discontent among the camp staff, campers, or visitors to the camp. I hereby release the camp from liability in case of accident or illness. I also give permission to Young Disciple Ministries to use images taken of me during camp for promotional or illustrative purposes.

Signature: _____ Date: _____

Mail application to: **YOUNG DISCIPLE CAMP**, PO Box 400, Inchelium, WA 99138

QUESTIONS? Call: 509-722-4300 • **Email:** ydcamp@youngdisciple.org