

# Camp LRCA V-Force Application

*Please Print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Marital Status: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**ALL V-Force Applicants must be 15 by June 16<sup>th</sup>.**

**Choose 2 weeks:**

June 16 - 22

June 22 - 27

June 28 – July 3

July 6 – 11

July 13 – 18

July 20 – 25

July 27 – Aug 1

All V-Force Applicants must be pre-registered for Classic Camp, or submit registration with V-Force application. **\$25.00 non-refundable deposit must accompany camp registration.**

Camp you are registered for: \_\_\_\_\_

**REFERENCES:** Please provide three (3) references over the age of 18 that we may contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Why do you want this position? \_\_\_\_\_

Describe any activities you are involved in that might be relevant to the position you seek: \_\_\_\_\_

Have you ever been accused of, charged with, or convicted of child abuse, molestation or any other sex offense? \_\_\_\_\_ If the answer is yes, please explain: \_\_\_\_\_

Have you ever been arrested or convicted of any crime? \_\_\_\_\_ If the answer is yes, please explain: \_\_\_\_\_

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am accepted, my employment may be terminated at any time. I authorize Camp LRCA to investigate the statements I have made in this application, and specifically, I authorize any parties listed in this application to release any information they have about me to Camp LRCA. In consideration of my employment, I agree to conform to Camp LRCA's rules, regulations and policies, and I agree that my employment and compensation can be terminated at any time at either my or Camp LRCA's option.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if applicant is under 18 years of age)

V-Force Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

The following information must be filled in and signed by a parent  
or guardian, if the V- Forcer is under age 18.

V-Forcer has had:      \_\_\_ Heart Disease    \_\_\_ ADHD    \_\_\_ Asthma  
                             \_\_\_ AIDS                \_\_\_ ADD    \_\_\_ Other \_\_\_\_\_

V-Forcer has these allergies:    \_\_\_ Bee Stings    \_\_\_ Hay Fever    \_\_\_ Penicillin  
   \_\_\_ Poison Ivy    \_\_\_ Food \_\_\_\_\_

I prefer my V-Forcer have:      \_\_\_ Tylenol    \_\_\_ Aspirin    \_\_\_ Neither

Year of last Tetanus shot: \_\_\_\_\_

***IF YOU ARE UNDER AGE 18, ALL MEDICINE IS TO BE LEFT  
WITH AND DISPENSED BY THE CAMP FIRST AID PERSON!!!***

Your HEALTH INSURANCE COMPANY name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

IN CASE OF EMERGENCY: I hereby give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the V-Forcer named on this card. I understand however that every effort will be made to contact the parent or guardian in case of such an emergency and, if possible, before any such treatment is administered. I further give permission to camp staff to administer minor first aid when necessary.

I hereby give permission for the employee to leave the camp with the manager or other staff for camp initiated purposes. \_\_\_ Yes      \_\_\_ No

I hereby release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Lake Region Christian Assembly or its staff members, management or officers liable unless guilty of negligence.

V-Forcer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If V-Forcer is under age 18, a parent or guardian must sign below.***

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

