



2021 WYOMING NEXTGEN CAMP LEADER APPLICATION

CAMP LEADER APPLICATION | COVER PAGE

2021 WYOMING NEXTGEN

Thank you for your interest in serving at Wyoming Ministry Network Summer Camps in 2021. Please complete the following application for the consideration our leadership.

To provide the safest possible environment in which our children and youth can experience God, all workers attending or assisting at any Wyoming Ministry Network Summer Camps involving minors must be screened. A complete application, described below, must be on file by May 14th. If you have lived outside the United States, a longer processing time is required. If your church has a current criminal background check on file please request that they send a copy to the address or email below.

APPLICATION FEE

Each church will be allowed to send 1 “free” volunteer camp leader per 7 students in their church. Any additional camp leaders over the 1 out of 7 will be \$100 per camp leader.

APPLICATION INSTRUCTIONS

Entire application need to be sent into the Wyoming NextGen and postmarked by May 14th 2021 if you plan to work at Camp. If the application is received after this deadline, there is no guarantee that the forms will be processed in time for the event.

1. Page 1 the section entitled “**Camp Leader Application 2021 | Page 1**” must be filled out for every staff person and turned into the Network office.
2. Page 2 the second section entitled “**Camp Leader Application 2021 | Page 2**” is a medical authorization for you to participate at camp. This is also helpful information for us in case of an emergency.
3. Page 3 is section entitled “**Camp Leader Application 2021 | Page 3**” is a release for us to run a criminal records check, which is required for all camp workers. It is also a comprehensive release covering, medical, liability, references and photos, among other things.

If you have any questions, please contact:

Jeremiah Feicht

Call: 307-690-7206

Email: jeremiah@wyomingministrynetwork.com

Mail staff application to: PO Box 2988, Casper WY 82602

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I WOULD LIKE TO SERVE AT:

- YOUTH CAMP 1 / JUNE 20-23 YOUTH CAMP 2 / JUNE 23-26 KIDS CAMP TEEN STAFF
 KIDS CAMP 1 / JUNE 27-30 KIDS CAMP 2 / JUNE 30-JULY 3

GENERAL INFORMATION

(Please submit a copy of this application to your pastor for their records)

Name (As appears on DL): _____ Date of Birth: _____

Present Address: _____
Number Street City State Zip

Mobile#: (____) _____ Email Address: _____

Place of Birth: _____ SSN: _____ DL#: _____

How many years have you previously served at camp? _____

Shirt Size: Youth Small____: Youth Medium:____: Youth Large____: Small____: Medium____: Large____: XL____: 2XL____: 3XL____

Have you ever been convicted of or pleaded guilty to a crime? Yes _____ No _____. If yes, please explain (attach a separate page, if necessary):

Name of the Church You Regularly Attend _____

Address: _____
Number Street City State Zip

Church# (____) _____ Pastor: _____

How long have you attended this church? _____

In what area of ministry would you like to serve at Camp? (check all that would apply)

- Recreation Team Cafeteria Staff Security Room Leader
 Program Staff Snack Shack Team Other _____

REFERENCE INFORMATION

PASTORAL REFERENCE

Pastor's Name _____ Phone# _____
First Last

Address _____
Number Street City State Zip

FRIEND REFERENCE

Name _____ Phone# _____
First Last

Address _____
Number Street City State Zip

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HEALTH INFORMATION

In case of medical emergency, please contact:

Emergency Contact _____ Emergency Phone (____) _____

Emergency Contact (2) _____ Emergency Phone (____) _____

Insurance Company: _____ Policy# _____

Date of last Tetanus Shot: _____

Doctor's Name _____ City _____ Phone _____

In case of emergency, is there anything the camp health personnel or the doctor should be aware of? _____

Any medical history that we need to be aware of? (Asthma, ear infection, migraines, etc...) _____

Any allergies that we need to be aware of? (Food, medications, insect bite, etc...) Yes No (specify) _____

Are there any food restrictions we need to accommodate? (Gluten free, lactose intolerant, vegetarian, etc...) _____

Does the staff member require medication like shots, drugs, or anything requiring control? ***Yes NO

*****IF SO, THEY MUST BE TURNED IN TO CAMP NURSE FOR DISPENSING**

Name of medication (s) in ORIGINAL PRESCRIPTION BOTTLE ONLY _____

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COMPREHENSIVE RELEASE

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application, I hereby release any individual, church, youth organization, charity, employer, reference, district, camp, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I, hereby authorize the Wyoming Ministry Network to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search,(including records on file with my local church), to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days notice of same.

I hereby authorize any director, support staff, nurse, dean, lifeguard, or other responsible person of said camp to consent to any X-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to myself under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Wyoming, when such medical or surgical treatment is necessary. I am aware that the administration of non-prescription medicines (Tylenol, anti-acid, etc.) may be necessary. I willfully consent to receive these if deemed necessary.

For the protection of all campers and staff, I understand that I am not to attend camp if I: 1) have lice or nits; 2) have a temperature of 100.5 or above, or 3) have exhibited any influenza-like or Covid-19 illness (ILI) symptoms in the past seven days (fever of 100.5 or higher PLUS cough and/or sore throat). I also understand that I will receive a health screening, including a lice check, upon arrival at Mill Springs Ranch and if lice are found, I will not be permitted to return later in the week without written consent from a physician. There will be NO refunds issued if sent home.

No electronic devices, cellular phones, or fireworks are allowed on the campground. No smoking, drinking of alcoholic beverages, or profanity is allowed on the campground. We reserve the right to inspect the contents of all personal belongings at any time. The confiscation and/or disposal of improper contents is up to the discretion of the Camp Staff.

In case of dismissal due to voluntary withdrawal or disciplinary actions, there will be NO refund of camp fees. I fully understand that failure to abide by camp policy may lead to myself being sent home. In case of emergency, camp staff will notify the emergency contact. In case of illness, injury or death in the family, a pro-rated refund may be made for the unused term. The Ministries Team Director must approve all refunds. All camp safety measures will be met. The camp or camp staff will not be held liable for accidents.

I furthermore give my permission for any and all pictures, audio, videos, or personal testimonies to be used in part or in whole in any and all future publications printed or recorded (audio or video) without prior notification or royalties.

I HEREBY GRANT MY PERMISSION TO PARTICIPATE IN THE ACTIVITIES INCLUDED IN THE WYOMING MINISTRY NETWORK SUMMER CAMP EXPERIENCE AND ACCEPT ANY RISKS OR ILLNESS INVOLVED IN PARTICIPATION AS WELL AS PERSONAL FINANCIAL RESPONSIBILITY FOR ANY INJURY OR LOSS SUSTAINED DURING THE ACTIVITIES AND HOLD BOTH THE WYOMING MINISTRY NETWORK AND MILL SPRINGS RANCH HARMLESS FOR SUCH INJURY OR LOSS ARISING DIRECTLY OR INDIRECTLY FROM SAID ACTIVITIES.

BY SIGNING BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE. THIS IS A LEGALLY BINDING AGREEMENT, WHICH I HAVE READ AND UNDERSTAND.

Applicant's Signature _____

Date _____