

Simpson County Youth Camp 2024 Staff Application

Name: _____ Male: ____ Female: ____

Age: _____ Birthday: ____/____/____ # of Years as Counselor/Staff: _____

@ Simpson County Youth Camp or other church camp

Social Security #: ____ - ____ - ____ (background checks must be done per Kentucky Law - 902 KAR 10:040)

Congregation: _____ Member/Baptized: ____ Yes ____ No

Address: _____ City: _____

State: ____ Zip Code: _____ Email: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Emergency Contact: _____ Relation: _____

Emergency Numbers: (H) _____ (W) _____ (C) _____

____ Counselor/Full Week Staff ____ Volunteer/Part-Time Staff ____ Cook/Kitchen Staff

Special Requests or Talents: _____

SCYC T-Shirt:

____ Small ____ Medium ____ Large ____ X-Large ____ XXlg. ____ Other

Release and Authorization:

In consideration of Simpson County Youth Camp allowing me to serve as a staff member in June of 2024, I hereby release Simpson County Youth Camp and its supporting congregations and the camp staff from any and all liability in regard to this activity.

I further authorize **Steven Kirby or his SCYC representatives** to sign in my behalf for any medical treatment and agree to hold **Steven Kirby or his SCYC representatives** harmless for acting on my behalf.

_____ I **do** release and give authorization to Steven Kirby or his representatives.

_____ I **do not** release and give authorization to Steven Kirby or his representatives.

Staff Signature: _____

Date: _____

Counselor/Staff Member: _____

Male: ____ Female: ____ Age: ____

Date of Birth: ____ / ____ / ____

Family Physician: _____ Phone : _____

Family Insurance Co.: _____ Policy #: _____

Medical Information:

Please list all of the medical information at the bottom that the camp director and staff might need to know about yourself. This includes all conditions, allergies, prescription drugs, etc. that the director, staff nurse, or other staff members need to know.

Other Important Information:
