

MONTLURE VOLUNTEER CHAPLAIN APPLICATION 2008

The Montlure Camping Council is committed to providing a Christ-centered camp of the highest quality for campers, and their parents and their churches. The Council desires to continually develop the distinctly Christian aspects of our camps, and we thank you most sincerely for offering your time and energies to serve as a Chaplain at Montlure. Chaplains are expected to be ordained Pastors in the Presbyterian Church, or another Reformed Faith tradition, or be a seminary student/graduate planning to enter the ministry. All application forms will be treated in confidence and will only be seen by members of the Montlure Camping Council.

Please complete this form on your computer and email a copy to peter@flynnfamily.org.

If you are unable to email, you may mail the application to Peter Flynn 5438 E. Calle Redonda, Phoenix, AZ 85018.

If you have any questions regarding this application, please call Peter at 602 852 0418.

Thank you and God Bless. *The Montlure Camping Council*

Personal Information

Name:

Mailing Address:

Primary and Alternative Phone #s:

Email:

*Emergency Contact Name,
Relationship and Phone #:*

Occupation and Church Affiliation

Occupation:

Church Address and Phone:

Camp(s) Applying For

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| Senior High 1 (9-12) June 1-8 (7 nights) | | Junior High 2 (7-8) June 29-July 5 (6 nights) | |
| Junior High 1 (6-8) June 8-14 (6 nights) | | Juniors 2 (4-6) July 5-10 (5 nights) | |
| Juniors 1 (4-6) June 14-19 (5 nights) | | Senior High 3 (9-12) July 13-20 (7 nights) | |
| Senior High 2 (9-12) June 22-29(7 nights) | | Junior High 3 (6-8) July 20-26 (6 nights) | |

Director Partner Preferences

Please indicate any individuals you would like to be your Director/Assistant Director partner(s), and any you would not.

Electronic Signature and Date

Do you know names of others who would be interested in counseling or directing a camp? If so, please provide their names and address/email/phone below so we can contact them.

Medical History This form must be completed in full. All information will be kept confidential.

Name:

Circle or otherwise indicate your current state of health: **Excellent Good Fair Poor**

All known allergies:

Activities you **cannot** participate in:

Special dietary needs (e.g. vegetarian, vegan, dairy):

Have you had a Tetanus shot within the past 5 years? YES or NO.

Your physician and phone #:

Date of most recent physical/visit to the doctor:

Medical insurance provider, policy # and policyholder:

Over-the-counter medications may be distributed during the camp for everyday aches and pains. Please circle or otherwise indicate those which you may take:

All over-the-counter medications, Acetaminophen, Ibuprofen, Aspirin, Pepto-Bismol, Tums, Dramamine, Calamine

Medicine Routinely Taken: (Name, Number, Frequency, Reason)

Please circle or otherwise indicate if you have ever been diagnosed with:

ADHD, Learning disabilities, Depression, Mental Illness, Bi-polar Disease, Eating Disorders, Asthma, Epilepsy, Diabetes, and/or Any Operations or Serious Illness or Injury. If so, please explain:

Please answer **Yes** or **No** to the following four questions:

Do you use illegal drugs?

Have you ever been convicted of a criminal offense involving children?

Has your driver's license ever been suspended or revoked?

Other than the above, is there any act or circumstance involving you or your background that would call into question your being involved with the supervision, Christian guidance, and care of young people?

If you answered Yes to any of the above four questions, please explain:

I authorize the release of medical records in case of illness or accident. In case of any medical emergencies, I understand that every effort will be made to contact my identified emergency contact. In the event the emergency contact cannot be reached, I hereby give permission to the physician selected by the camp manager to hospitalize, to secure proper treatment for, and to administer anesthesia or surgery.

Electronic Signature and Date (formal release signatures will be taken at camp):