

## MONTLURE VOLUNTEER CHAPLAIN APPLICATION 2010

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.

In 2010, the Council is hiring a Program Coordinator who will be serving to fill the role filled by changing volunteer directors in the past. The Coordinator will oversee camper activities, plan the daily program with the Volunteer Chaplain, and supervise counselors.

Please complete this form on your computer and email to: [camp@montlure.org](mailto:camp@montlure.org).

If you are unable to email, you may mail the application to Montlure P.O. Box 122, Greer, AZ 85927

If you have any questions regarding this application, please call Montlure at 623.444.2612 (if you are in the Phoenix area), 520-232-2026 (in the Tucson area), or 877.285.1083 (also toll free.)

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** (If more than one, please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, etc. choice):

<b>Senior High 1</b> (grades 9-12)	June 5-12	<b>Junior High 2</b> (7-8)	July 3-9
<b>Junior High 1</b> (grades 6-8)	June 12-18	<b>Juniors 2</b> (4-6)	July 9-14
<b>Juniors 1</b> (grades 4-6)	June 18-23	<b>Senior High 3</b> (9-12)	July 17-24
<b>Senior High 2</b> (grades 9-12)	June 26-July 3	<b>Junior High 3</b> (6-8)	July 24-30

### Electronic Signature and Date (formal signatures will be obtained at camp)

Name:

Date:

If you know the names of others who would be interested in counseling or directing a camp, please provide their names and contact information below. *Thank you!*

**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 obtained at camp):

Signature:

Date: