



# Staff Application

34585 W Basin Rd Mannford, Ok. 74044  
(918) 865-7402 Fax (918) 865-7113

## Personal Information

First Name  Last Name

Home Address

City  State  Zip  Age  Birthday (mm/dd//yy)

Home Phone #  Cell Phone #  Drivers License Number

E-Mail Address  Gender

Church Currently Attending  Church Phone Number

Please Check One: I am Interested in:  VBI Work Study/Summer Camp Employment  Summer Camp Employment

**Please Check all that you are interested in/Capable of**

<input type="checkbox"/> Camp Counselor	<input type="checkbox"/> Musician	<input type="checkbox"/> House keeping	<input type="checkbox"/> Health care staff
<input type="checkbox"/> Ropes course instructor	<input type="checkbox"/> Singer	<input type="checkbox"/> Video/Audio	<input type="checkbox"/> Camp Secretaries
<input type="checkbox"/> Wranglers (horsemanship)	<input type="checkbox"/> Pool lifeguard	<input type="checkbox"/> Photographers	<input type="checkbox"/> Maintenance/Facilities
	<input type="checkbox"/> Assistant cook	<input type="checkbox"/> Retail Assistants	<input type="checkbox"/> Drama Coordinators

## Medical Information

Please check Yes or No for each question.

<p>Yes No</p> <p><input type="radio"/> <input type="radio"/> Do you have any allergies?(Food, Animals, Insects, ect)</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> Do you have any Medical conditions or diseases? _____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> Do You Have Physical Limitations? _____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> Are there any activities in which you would be unable to participate? _____</p>	<p>Yes No</p> <p><input type="radio"/> <input type="radio"/> Do you take any prescription medications?</p> <p>If yes please list: _____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> What is the reason for taking the above medication? _____</p> <p>_____</p> <p><input type="radio"/> <input type="radio"/> Are you allergic to any medications? If yes please list: _____</p> <p>_____</p> <p>Is there any additional information regarding your health in which we need to be aware of? _____</p> <p>_____</p>
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## Emergency Contact:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### This form must be signed.

I agree to release Victory Christian Center d/b/a/Camp Victory, and their representatives and employs (collectively), "Camp Victory") from all liability for harm to myself or my personal property resulting directly or indirectly from my participation in Camp, including engaging in all Camp activities, such as water sports, horseback riding, outdoor activities, and strenuous activities. even if Camp Victory is negligent, and to indemnify Camp Victory against any such liability. I authorize administration of a tetanus shot or other medical treatment deemed necessary by Camp Victory, and I agree to release and indemnify Camp Victory against all liability and costs for treatment. I also authorize Camp Victory to use photos taken of myself for promotional and record keeping purposes.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

