

Application Instructions

We are looking forward to 2012! The Swamp is successful because of great people like you.

All applicants must complete and/or submit information according to the following table:

If you want to be a:	Please Complete and/or Submit:	Mail To:
Medical Staff	<ul style="list-style-type: none"> ○ Application & Medical Form ○ Copies of: Resume, Medical License, CPR Certification, Driver's License, Auto Insurance Coverage, Medical Liability Insurance Coverage (if applicable). ○ NOTE: <ul style="list-style-type: none"> ○ If you have previously submitted this information, we only need updated copies if your previous cards will expire by the time you come to camp. ○ Any questions, call 706-453-7538. 	ACC Recreation Services, Inc. Attn: Debbie Clark 1380 Maxeys Road Union Point, Georgia 30669
Kitchen Helper	<ul style="list-style-type: none"> ○ Application Form ○ Medical Form 	ACC Recreation Services, Inc. Attn: Debbie Clark 1380 Maxeys Road Union Point, Georgia 30669
Teen Worker	<ul style="list-style-type: none"> ○ Must be a camper for one week. ○ Application ○ Medical Form ○ Recommendation Letter from your Ministry Leader ○ NOTE: <ul style="list-style-type: none"> ○ <i>Send in all three of the above items at the same time; otherwise your application will not be reviewed</i> ○ <i>Because girl worker positions fill quickly, girls will only be allowed to work one week this year.</i> 	Sonny & Carolyn Sessions Post Office Box 389 Watkinsville, Georgia 30677
Volunteer Counselor**	<ul style="list-style-type: none"> ○ Application Form ○ Medical Form ○ Recommendation Letter from your Ministry Leader ○ NOTE: <ul style="list-style-type: none"> ○ <i>Send in all three of the above items at the same time; otherwise your application will not be reviewed.</i> 	Sonny & Carolyn Sessions Post Office Box 389 Watkinsville, Georgia 30677
Full-Time Counselor** <u>DUE by March 1st</u>	<ul style="list-style-type: none"> ○ Application Form ○ Medical Form ○ Recommendation Letter from your Ministry Leader ○ Paragraph explaining greatest strength and weakness you would bring to the camp this summer ○ NOTE: <ul style="list-style-type: none"> ○ <i>Send in all four of the above items at the same time; otherwise your application will not be reviewed.</i> ○ <i>Must be able to work entire summer schedule – any exceptions must be approved by Sonny or Carolyn.</i> 	Sonny & Carolyn Sessions Post Office Box 389 Watkinsville, Georgia 30677

** Must be a Christian for at least six months by May 25, 2012.

Application for Working at Camp

Please complete ALL information before mailing. *We will not consider any form until we have all needed information.*

Choose how you would like to serve:

- I would like to be a Counselor. (Must be at least a rising senior in high school)
- I would like to be a Teen Worker. (Must be at least a rising sophomore in high school)
- I would like to be a Kitchen Worker.
- I would like to be on the Medical Staff.

GENERAL INFORMATION

Name: _____ Male: ___ Female: ___ Age (Counselors/Teen Workers only): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () ___ - ___ Work: () ___ - ___ Cell: () ___ - ___ E-mail: _____

Summer Address (if different): _____ City: _____ State: _____ Zip: _____

If in school, what high school or college do you attend? _____

Which church do you attend? _____ How long: _____ Have you been to camp before: _____

When? _____ What position did you fill? _____

Ministry Leader's Phone Number: _____ Email Address: _____

If applying for medical staff, list your most current experience and what license or certification you hold:

Non Full-Time Applicants: Please check the weeks you will be available to work, giving your first two choices. Please write NO beside any week you know will not be an option. Remember, this will be a volunteer position and there will be no salary. You will be contacted via mail or e-mail to inform you if you are selected.

- | | | |
|---|--|---|
| <input type="checkbox"/> Family Camp: May 30 – June 2 | <input type="checkbox"/> Week 1: June 3-9 | <input type="checkbox"/> Week 2: June 10-16 |
| <input type="checkbox"/> Week 3: June 17-23 | <input type="checkbox"/> Week 4: July 8-14 | <input type="checkbox"/> Week 5: July 15-21 |
| <input type="checkbox"/> Week 6: July 22-28 | | |

If applying to be a Teen Worker, what week do you plan to be a camper? Week _____

Adult Volunteers: If you have a child that will be attending the week you are helping, please give their name and the week they plan to attend:

Name: _____ Week #: _____

Medical Form

Full Name: _____

Date of Birth: _____

Insurance Company: _____

Is this policy: Personal Spouse's Parent's

Policy Number: _____

Address of Insurance Company: _____

City _____ State _____ Zip _____

In case of emergency, please notify: _____

Home phone: _____ Work phone: _____ Cell: _____

Health History: Do you have any of the following? For all yes answers please check and explain in the space provided. Include your usual method of treatment and make sure that you bring that medication to camp.

<input type="checkbox"/> high blood pressure	<input type="checkbox"/> ear problems	<input type="checkbox"/> seizures
<input type="checkbox"/> allergies to any medications	<input type="checkbox"/> recent sports injury	<input type="checkbox"/> stomach upsets
<input type="checkbox"/> bronchitis	<input type="checkbox"/> reactions to insect bites or stings	<input type="checkbox"/> hay fever/sinus
<input type="checkbox"/> diabetes	<input type="checkbox"/> allergies to any foods	<input type="checkbox"/> fainting spells
<input type="checkbox"/> asthma	<input type="checkbox"/> allergies to any non-prescriptions drugs	<input type="checkbox"/> other

Explanations: _____

List medicines taken daily/dosages: _____

List medicines taken when necessary: _____

Describe any other health conditions requiring treatment or restrictions: _____

Date of last tetanus shot: _____

TERMS OF ACCEPTANCE

I give my permission for my photo to be used in camp publications (brochure, website).

WAIVER OF LIABILITY: To the extent permitted by law, I agree not to hold the Swamp Organization/ACC Recreation Services, Inc., its camp employees and volunteers, and all individuals associated with the program liable for any injury or harm to myself as a result of my participation in camp activities or while I am in transit to or from the program activity.

AUTHORIZATION FOR TREATMENT: In the event that emergency medical or dental treatment is needed, I hereby give permission to the camp director and nurse to seek any treatment they deem necessary (X-rays, routine tests, and necessary transportation). In the event that I can't make an appropriate decision, I hereby give my permission to the physician selected by the camp to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for myself. I further acknowledge that I will be responsible for all payment of all charges related to the medical or dental services provided.

I have read and fully understand the above.

Signature

Date