

**2018 Greene County Baptist Association SoulQuench Camp -  
 July 1 – July 5, 2018 - Registration Form – VOLUNTEER  
 \$75 – To help cover Baptist Hill fees and food**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Church Attending with: \_\_\_\_\_

Male / Female (circle one)                      Age: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt size: S M L XL XXL (Circle one)

Emergency Contact: Name \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Phone (home) \_\_\_\_\_, (cell) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(signature is required to attend camp)

Health Form is also required for Volunteer

**BACKGROUND CHECK AUTHORIZATION/CONSENT**

During the application process and at any time during the tenure of my service with Greene County Baptist Association, I hereby authorize First Advantage (GCBA's Screening Service), on behalf of Greene County Baptist Association to procure a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

<b>Printed name</b>	<b>Social Security #</b> (for identification purposes only)	<b>Signature/Date</b>
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BACKGROUND VERIFICATION DISCLOSURE: This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for volunteer service at Greene County Baptist Association SoulQuench, Girls' Camp, or Boys' Camp at Baptist Hill, Mt. Vernon, MO. This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

**Please complete form and turn in to your church's youth pastor OR mail to:  
 Greene County Baptist Association, 834 W. Battlefield, Springfield, MO 65807**

## **SoulQuench Camp information sheet (you keep) - VOLUNTEERS**

**Volunteer Cost:** Volunteers are required to pay a **\$75** fee. Please make sure your church's youth pastor is aware of your attendance and how you will be serving—if you are coming apart from a church youth group, please contact a camp director to make arrangements.

Arrival Time @ camp: Between 1:30 and 2:45 Sunday, July 1.

Departure from camp: 11:30 a.m. on Thursday, July 5.

If you need a special diet, contact your youth minister; camp directors will provide instructions regarding meals.

In the event of an emergency, the camp will use the Aurora ER.

### **Camp address:**

Baptist Hill Camp Facility, PO Box 491, Mt. Vernon, MO 65712

Directions to Baptist Hill are on Baptist Hill website, or you can contact camp directors for help.

Baptist Hill phone: 417-466-3034 (for emergency use only)

### **Camp Directors:**

Gary Standefer (417) 894-8354 / thestandefers@gmail.com

Ericka Baxter (417) 425-3386 / yellowricki@gmail.com

**What to Bring:** Bible, Clothing for 4 days (jeans, shorts, t-shirts) Swim suit, Jacket, Sleepwear, Hat, Two pair of shoes. Please see dress code for more detailed information. Bring either bed linens or sleeping bag, Pillow, Small notebook, pen or pencil, Toiletries: soap, shampoo, deodorant, toothbrush and toothpaste. Towels and washcloths

### **Adults are not allowed to use these items prohibited for students w/o director approval:**

Nonprescription medicine or drugs (or not turning in prescription meds when bunking with students),

Electronic devices (music players, tablets, phones, etc.), Fireworks, Weapons of any kind

### **Dress Code for SoulQuench**

**This is the dress code that Baptist Hill requires and we support.**

**As participants of Soul Quench, you are required to follow these guidelines.**

- All shorts must be of modest length (no shorter than mid-thigh).
- Skirts and dresses should be longer than top of the kneecap.
- Apparel displaying pictures, trademarks or advertising of tobacco products, alcoholic beverages, drugs, controlled substances, rock groups, or messages with non-Christian themes is prohibited.
- Biker shorts may be worn if appropriate length shorts are worn over them.
- Shoes and shirts must be worn at all times outside your cabins, except when swimming.
- A cover-up (shorts, t-shirt, robe, or large towel) must be worn over bathing suits going to and from the swimming pool.
- Females will wear t-shirts (dark, not white) over two-piece, low cut, or cut-out bathing suits while swimming.
- Males may not wear tight fitting, speedo, or brief type swimming suits.
- Dresses or shirt with spaghetti straps will not be allowed. Straps need to be at least 2 inches
- No shirts showing stomach, even when hands raised above head.
- When a shirt is longer than the shorts being worn it must be tucked in.
- Yoga pants and leggings will not be allowed unless the shirt or dress covers past mid-thigh on both front and back.
- No Bro tanks allowed.
- Modest attire is required during worship gatherings. ("Modest Attire" is at the discretion of the Camp Directors)

# 2018 Greene County Baptist Association SoulQuench Camp Health Form

Name \_\_\_\_\_ Church \_\_\_\_\_  
Age as of camp \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ (medical attention may be delayed w/o SSN or copy of insc. card)

Please do not send your child to camp if they has been exposed to any contagious or infectious disease during the two weeks before camp.

Does your child have any of the following medical conditions? (please circle)

Food Allergies - Ear Trouble - Sleep Walking - Athlete's Foot - Heart Condition - Sinus Problems - Diabetes Asthma  
- Excessive Bleeding - Stomach Problems - Seizures - Kidney/Bladder Problems - Emotional Difficulties

Please give instructions for any of the above circled items \_\_\_\_\_

- Other conditions we should be aware of \_\_\_\_\_

-Surgeries (please list) \_\_\_\_\_

-Physical Limitations \_\_\_\_\_

For prescription medication that will be brought to camp use attached "Prescription Medication Form"

(Please bring a bag labeled with camper's name, individual prescriptions needs to have campers name, do not send more than will be needed for the duration of camp.)

Permission to give Tylenol? Yes / No

Permission to give Ibuprofen? Yes / No

Permission for camp nurse to treat injuries, head lice, sickness, etc. Yes / No

Has your child had a tetanus shot (DPT) within the last 5 years? Yes / No

Are your child's immunizations current? Yes / No If no, please explain \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other Physicians \_\_\_\_\_ Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary policy holders name \_\_\_\_\_

**PLEASE ATTACH A COPY OF INSURANCE CARD**

In case of emergency, I understand I will be notified if possible, and I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia for surgery for my child as named above.

Parent or Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

# Prescription Medication(s) Form

1. Name of medication: \_\_\_\_\_  
Purpose for Medication (medical condition treating): \_\_\_\_\_  
Circle One: Pill   Liquid   Other: \_\_\_\_\_  
When to Take: \_\_\_\_\_
2. Name of medication: \_\_\_\_\_  
Purpose for Medication (medical condition treating): \_\_\_\_\_  
Circle One: Pill   Liquid   Other: \_\_\_\_\_  
When to Take: \_\_\_\_\_
3. Name of medication: \_\_\_\_\_  
Purpose for Medication (medical condition treating): \_\_\_\_\_  
Circle One: Pill   Liquid   Other: \_\_\_\_\_  
When to Take: \_\_\_\_\_
4. Name of medication: \_\_\_\_\_  
Purpose for Medication (medical condition treating): \_\_\_\_\_  
Circle One: Pill   Liquid   Other: \_\_\_\_\_  
When to Take: \_\_\_\_\_
5. Name of medication: \_\_\_\_\_  
Purpose for Medication (medical condition treating): \_\_\_\_\_  
Circle One: Pill   Liquid   Other: \_\_\_\_\_  
When to Take: \_\_\_\_\_
6. Name of medication: \_\_\_\_\_  
Purpose for Medication (medical condition treating): \_\_\_\_\_  
Circle One: Pill   Liquid   Other: \_\_\_\_\_  
When to Take: \_\_\_\_\_

Please use additional forms for additional medications. Please denote number of pages at the top of each form. (ie. 1 of 2, 2 of 2)