



## Camp Eunice Staff Registration Form

Send to: Ms. Cheryl Johnson  
3196 Zoar Road, Baxley, GA 31513  
Contact Ms. Cheryl at 912.278.5753

### Please Select Three Positions You Are Willing To Serve In

\_\_\_\_ Counselor    \_\_\_\_ Missions Counselor    \_\_\_\_ Recreation Staff    \_\_\_\_ Kitchen Staff    \_\_\_\_ Teacher

Name \_\_\_\_\_ Male\_\_ Female\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Doctor \_\_\_\_\_ Address/Phone# \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Recent Illnesses \_\_\_\_\_

### STAFF USE ONLY

Paid     Assigned A Position     Added To Online Database     Medical Form Given To Nurse

Staff Notes:



**While realizing that Camp Eunice has thrived on the hard work, effort, and selfless dedication of its volunteer staff as well as the love, prayers, and support of so many brothers and sisters in Christ, and must continue to do so in order to serve The Lord faithfully, we also know that those entrusted with leadership positions in this ministry must be individuals of high character as well as spiritual maturity. It is because of this that we have developed a selection process for our staff. The process consists of two parts; an application to serve, and three recommendations including one from the pastor at your church.**

### **STATEMENT OF FAITH**

**All staff are required to read and agree to the following:**

1. The churches of this association, accepting the Bible as the supreme rule of faith and practice; united through the grace of our Lord Jesus Christ, the Only Head of the church; recognizing the Christian liberty (not sinful liberty) and right of each individual to interpret the Scripture for himself; dedicated to the principle of Christian unity (with or without organic unity); do humbly depend on the Holy Spirit to lead us into all truth, enabling us to walk in the ways of The Lord.
2. We accept as our motto: “In Essentials-Unity; In Non-Essentials-Liberty; In All Things-Charity.”
3. We do not believe that any orthodox evangelical protestant church would leave out of its requirement for membership anything that is essential for the salvation of the soul. Therefore, we define as essentials those things we find required for membership in all protestant denominations. Other doctrines are good and helpful, but are sectarian and not absolutely essential for salvation (though they help much in Christian growth). Such doctrines are considered non-essentials. Each member’s acceptance of them, in his own judgment, is his optional Christian Liberty.
4. We consider the following to be some of the Essentials: The Bible, the infallible, authoritative written word of God; the Holy Trinity: The Father, Son, and Holy Ghost; the deity of Christ, His virgin birth, His sinless life, His miracles, His vicarious suffering and atoning death through his shed blood; His bodily resurrection, His ascension to the right hand of the Father, His personal return in power and glory; Repentance; Faith; Regeneration by the Holy Spirit; the resurrection of the saved unto the resurrection of life and the lost unto the resurrection of damnation. These things are essential. These things are fundamental. They are the very heart of the Christian faith.

***It is understood that any breach of this agreement can and will be brought to the Board Of Directors for disciplinary action. You also agree to abide by this disciplinary action where applicable by law.***

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



### **Background Check**

Do you consent to a background check upon request by the Board Of Directors to insure the safety and security of the campers and staff?

YES       NO

NOTE: The cost of the background check will be the responsibility of the applicant. The cost is approximately \$16.

### **Publication Permission**

I do hereby agree to grant Camp Eunice, Inc. the right to publish my likeness and voice through such media including but not limited to video, images, and audio recordings for the purpose of publication in flyers, magazines, radio spots, television spots, social media, website postings, and all other forms deemed proper by Camp Eunice, Inc. for the purpose of advertisement for the camp. It is understood that all forms of media created published, performed, or recorded shall not require your review or approval to be published in said media.

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



**Medical Information Form**  
**\*\*\*CONFIDENTIAL\*\*\***

Have you had the following conditions? (Please check all that apply.)

Chicken Pox       Measles       3-day Measles       Hepatitis  
 Scarlet Fever       Asthma       Rheumatic Fever       Other \_\_\_\_\_

Have you had problems with the following?

Heart       Skin       Ears       Tonsils       Bedwetting       Penicillin

List any known allergies (i.e. food, medication, animal, plant, etc.):

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List any pertinent medical history:

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List any medications with the dosage and time(s) given:

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Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_