



STAFF REGISTRATION FORM

FORGED Camp

July 8-13, 2024

This form MUST be filled out and signed by all camp staff.

Cost: There is no cost to volunteer, but we need a commitment. If you have any doubt about attending, please let us know ASAP. We are limiting chaperones to 30 this year. Should our student registration exceed 100 students, we will increase that number.

No applications will be accepted after Thursday, June 10, 2024.

**Please return all applications to
Washington Baptist Association**

P. O. Box 476

Milledgeville, GA 31059

Phone: 478-453-8111 Email: washba1828@gmail.com

Your name _____ Sex: _____
First Middle Last

Church Membership _____

Home mailing address _____

Home Phone (____) _____ Cell Phone (____) _____

Birthdate: ____/____/____ **T-shirt size:** _____

Email Address (PRINT Clearly) _____

Spouse/Guardian name: _____ Cell Ph. (____) _____ Home Ph.(____) _____

Emergency Contact (other than spouse/guardian):

Name _____ Phone (____) _____ Relation _____

MEDICAL INFORMATION:

Allergies: (Drug, food, insect bites, other) _____

List any dietary allergies or intolerances (not preferences): _____

List all disabilities, chronic and recurring illnesses _____

Staffer's Signature: _____ **Date:** _____

PREFERRED AREAS OF SERVICE:

1: _____ 2: _____ 3: _____ or 4: I'll work anywhere!

Options include: Bible Study Small Group Leader, Recreational Leader, Security Team, Kitchen Staff, Medical Staff, Public Affairs (some of these positions may be double-duty).

REFERENCES:

List the name and phone # of 2 adults who, if called, would recommend you to work with the youth at camp.

1) _____ Phone # () _____ Relationship: _____
Pastor/Friend/Relative (circle one)

2) _____ Phone # () _____ Relationship: _____
Pastor/Friend/Relative (circle one)

PLEASE INITIAL THE FOLLOWING:

_____ I understand that children who have **not completed** 6th grade **may NOT** attend WBA Camp.

_____ I understand that once on campus, my vehicle will be parked, and I will be focused on serving.

Once registration is received, you will be provided a MinistrySafe training link. This online training is required prior to us running your background check. All training must be completed by June 10.

Permission For Emergency Treatment

I hereby give permission to the W.B.A. Camp Director/Coordinator or the Friendship Baptist Association Camp Director, or staff member designated by him/her to secure emergency medical treatment for me. Further, I authorize the consulted doctor and/or hospital to give emergency treatment to me and agree to pay any expenses associated with such treatment (not covered by the Accident Insurance provided by the Washington Baptist Association) and release the W.B.A. & Friendship Baptist Association Camp staff from liability which might come as a result of the particular activities in which I will be participating.

Staffer's Signature: _____ **Date:** _____

Please drop off at the WBA office or mail these to us!
Please call the before driving to the office—478-453-8111.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the following separate document as adopted by the Washington Baptist Association Executive Committee. These documents available on the website (and certify that I have read and understood it):

- WBA Camp Policy Manual

I hereby authorize **The Washington Baptist Association** to use the information that I have provided to obtain a background check report about me to determine whether I will be permitted to take part in certain volunteer opportunities.

Print Name: _____

Signature: _____ Date: _____