

HRCYC Counselor/CIT Registraion Form

A Counselor-In-Training program is required for carefully recommended 19-23 year olds, plus new Staff.

All staff must submit to a background check performed through HRC Trenton.

Full Name: _____ Email: _____

Name as it should appear on your nametag at Camp (no last name necessary): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): (home, cell) _____

Social Media?: _____

Date of Birth: _____ T-Shirt Size: _____

Past Camper, Counselor and/or other Church Camp or Counselor experience? Yes No If yes, when and

where? _____

Preferred age group of Campers in your charge: Please circle one. **9-11(Jr. Camp)** **12-14** **15-18**

Unfortunately, we can't guarantee that you'll get this age group, but we'll get you as close as we can.

EMERGENCY CONTACT INFORMATION

Person to contact in case of emergency (preferably someone who will not be attending Camp):

Relation: _____ Phone # (_____) _____

Other phone? _____

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## PASTOR'S RECOMMENDATION

I, as the recommending minister, sign this form stating that, to the best of my knowledge, this person exemplifies the good moral character to be a proper role model for the young people of the Camp.

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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APPLICANT'S STATEMENT

I understand and agree that it is critical to the mission and ministry of the Hungarian Reformed Youth Camp that all clergy and lay volunteers conform to the highest standards of safety, interpersonal conduct and sexual morality. I affirm that I will strictly comply with the Hungarian Reformed Church youth ministry policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, to the discretion of the Camp Directors and the HRCA & Calvin Synod. I understand that if I accept this position, I will commit myself to fulfill my responsibilities according to the Hungarian Reformed Youth Camp's purpose and Counselor job description.

Signature: _____ Date: _____

e Please return this COMPLETED form with the Registration Fee by JUNE 1st ! e

HRCYC Counselor/CIT Health Form

This form **MUST** be completely filled out, signed and returned with the Registration Form by JUNE 1st.

1. Have you been treated for any health problems in the past two years? Yes No If yes, please explain.

2. Do you currently have any known health problems? Yes No If yes, please explain.

3. Are you currently on any medications? Yes No

Will you be bringing them to Camp with you? Yes No

If so, what?

4. Do you have any allergies? Yes No

If so, what? Food () Insect bites () Poison Ivy () Penicillin () Medications () Hay Fever () Other ().
Please be specific.

If allergic to insect bites, please bring appropriate sting kit.

5. Do you have any restrictions to diet or activities? (ie. Diabetic, vegetarian, asthma, etc.) Yes No
Please explain.

6. When did you last have a tetanus shot?

If medication is brought to Camp, please inform the Camp Nurse and/or the Camp Directors.

Please be sure to bring your health insurance information to Camp with you.

In the event of any emergency, I hereby give permission to the physician and/or hospital selected to examine and treat me. I also accept responsibility of costs incurred in the event of such emergency.

Signature of Counselor/CIT _____ Date _____

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Special Interests I would be interested in assisting with (select any you want):

Grace () Vespers () Praise Team () Workshops () Evening Programs ()

Magyar a legerőssebb nyelvem: _____ English is my strongest language: _____

WORKSHOPS

Though Counselors need not choose a Workshop ahead of time, they are required to attend/lead Evening Workshops throughout the week. Here is what we have so far. Subject to change.

Hungarian Cooking

Pickleball

Sewing

Safety & Marksmanship

Hungarian Embroidery

Youths go to one workshop all week long. Jr's will sample some of the same workshops, one per evening.

Due MAY 15th!

Authorization for Consumer Report

Due MAY 15th!

I hereby authorize HRC Trenton, on behalf of the Hungarian Reformed Church Youth Camp, to request from a law enforcement agency a federal and state criminal history and child abuse history – in their possession, for camp volunteer purposes.

I am willing that a photocopy of the authorization be accepted with the same authority as the original, and I specifically waive any written notice from any former employer who may provide information based upon this authorized request.

I understand that if HRC Trenton, on behalf of the Hungarian Reformed Church Youth Camp, obtains a report pertaining to me, and if the Hungarian Reformed Youth Camp considers any information in the report when making a decision that directly and adversely affects me, I will be provided with a copy of the report before the decision is finalized.

I also understand that I have the right to contact the Federal Trade Commission about my rights under the Fair Credit Reporting Act.

I hereby certify that I have received and read the Fair Credit Reporting Act Disclosure Statement.

I hereby authorize HRC Trenton, on behalf of the Hungarian Reformed Church Youth Camp, or its agent, to obtain and review reports pertaining to me.

I release HRC Trenton on behalf of the Hungarian Reformed Church Youth Camp and its agent, from all liability or claims of any kind arising from the background check(s), the information it contains or the investigations from which such information is compiled.

I further release HRC Trenton on behalf of the Hungarian Reformed Church Youth Camp, along with any persons or entities, from liability or claims that I may have arising from the furnishing of any information contained in the report.

Print Full Name: _____ Race: _____

Sex: M F Alias or Maiden Name: _____ (within 7 years)

Current Address: _____

Previous Address: (if less than 7 years at current) _____

Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____
(will be used for identification purposes only)

Driver's License State of Issue: _____

Driver's License Number: _____
(will be used for identification purposes only)

SIGNATURE

PRINT NAME

DATE

Mail this form separately to Frank Király, HRC Trenton, 180 Home Ave., Trenton, NJ 08611 **NO LATER THAN MAY 15th!**