

Georgia Fall Retreat

COST: \$ 60.00 to cover lodging

Please send worker registration forms ASAP to:

**Kris Scarbrough
113 Spring Lake Circle
Brunswick, GA 31525
(912) 267-6356**

Things to bring:

BIBLE	DEODORANT	BEDDING(twin)	TOOTHBRUSH
TOOTHPASTE	TOWELS	SOAP	FLASHLIGHT
SUNSCREEN	EXTRA MONEY FOR SNACKS, ETC.		

Proper Clothing for:

ATHLETICS	HIKING
SWIMMING	ONE DISPOSABLE PAIR OF SHORTS AND T-SHIRT

During the retreat the following dress code will be enforced: Shorts must be modest. No spaghetti strap tops, and no undergarments should be showing at any time.

CAMP RULES: ABSOLUTELY NO firearms, knives, fireworks, matches, tobacco, alcohol, boom boxes, video games, or drugs! (All prescription medications must be given to the nurse upon arrival)

NO ONE WILL BE ALLOWED OUT OF THE CABINS AFTER CURFEW!

Fall Retreat check in will begin at 6:00. Service will begin approx 9:00 pm. No dinner will be served but the snack shack will be open after service.

EMERGENCY PHONE CALLS ONLY:

770-786-6926



WORKER'S APPLICATION

FFA - FCCLA Camp
720 FFA FHA Camp Rd
Covington, GA
October 1-3, 2010

Counselor/Worker's Application

(Please print neatly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (_____) _____

Emergency Contact # : (_____) _____

Age: ____ Male: ____ Female: ____

Local Nazarene Church You Are Attending With: _____

In addition to being a dorm counselor, what area / areas are you willing to work in during this event? (security, athletics, team leader, etc)

Please give a short personal testimony: _____

Medical Information (Important!)

Do you have: Heart Trouble, Asthma, Epilepsy, Diabetes, Allergies, communicable diseases. List any other information that might help the camp nurse. etc. _____

Do you have any physical limitations that would limit your duties as a worker? _____ If yes, please explain: _____

Are you presently under a doctor's care? _____ If yes, please explain: _____

Are you presently taking medication? _____ If yes, please explain:

References (Required)

1. To the best of my knowledge, the applicant is qualified to work with teenagers at the GA District NYI Fall Retreat and I recommend them.

Pastor's Signature: _____

2. To the best of my knowledge, the applicant is qualified to work with teenagers at the GA District NYI Fall Retreat and I recommend them.

Signature

Title

Phone

I certify that (a) no civil, criminal, or church related complaint has ever been sustained or is pending against me for sexual misconduct: (b) I have never been terminated from a position for reasons related to sexual misconduct.

Also, I will submit a current background check..

(Either forward a new copy or send a photocopy of a recent background check performed on you no more than 2 Years old. This can be obtained at your local police department.

Worker's Signature: _____ Date: _____

- As a worker, I will be willing to work and do what it takes to make this event a success.
- I will be a team player, support the leadership of the camp, and will follow and enforce the rules of the camp.
- All camp counselors must be 21 years of age OR a paid church staff worker to counsel during an NYI event.
- Please do not bring children that are not camp age. (Contact camp director should this create an emergency.)
- Did you include your background check form? YES NO