

Fusion Street Ministries
fusion: \f'yu-zhen\ n: a merging of diverse elements into an unified whole

Fusion Camp at Camp Penuel: Staff Application

Name (first & last) _____ Gender at birth: ☐M ☐F

Street Address _____

City _____ State _____ Zip _____

Phone # (_____) _____ - _____ Age _____ Date of Birth ____/____/____

E-mail address _____

T-Shirt Size _____ Have you ever been to camp before? _____

Emergency Contact _____

Relationship to Staff _____ Phone# (_____) _____ - _____

Do you have any illnesses we need to be aware of? _____ If yes, please explain: _____

Do you take any medications regularly? _____ Name of medications and dosage: _____

Do you have any allergies? _____ (i.e. plants, insect stings or bites, foods, medications, etc.) If yes, please explain. _____

Church presently attending: _____

City _____ State _____ Zip _____

Pastor's name _____ Office Phone # (_____) _____ - _____

Do you attend on a regular basis? _____

How long have you been born again? _____

In what ministries have you been active in at your church? _____

Have you worked on staff in a camp situation before? _____ In what capacity? _____

What area of ministry are you interested in working at camp? (i.e. cook, kitchen help, cabin leader, lifeguard, etc.) _____

To be read and signed by the applicant:

I have read and understand the Camp Code and Guidelines for Camp Staff and agree to abide by these standards. I give my permission for camp pictures or video of myself to be used in camp publications and promotional activities. In case of an emergency, I give my permission to receive medical attention as necessary. I understand I will be at camp with students and workers from other youth groups. I am aware of the existence of the risk on my attendance to Fusion Camp and my participation to the activities of Fusion Camp that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19. I waive and release Fusion Street Ministries and Camp Penuel from any and all claims, demands, injuries, cost, suits or causes of action, past, present, or future, arising out of or caused by myself while participating in this camp, or should there be an injury traveling to or from camp. I also verify that I am not a prior sexual offender nor have been otherwise restricted by the state or Government from working with or around minor children. I understand that the leadership of Fusion Camp may choose to contact my references and/or perform a background check as part of reviewing my application. I verify the above information is correct.

Applicant's Signature Date

To be read and signed by the pastor of the applicant: Pastor, please review this application and give your approval or disapproval of the applicant. Your signature is needed to approve this application. "I approve of this applicant as a staff member for camp."

Pastor's Signature Date Pastor's Phone Number