



# Staff Registration Form

July 11-17, 2010

## ABCRM Camping At Quaker Ridge Camp

6855 S Havana St, Ste 220  
Centennial CO 80112  
(303) 988-3900 ♦ Fax: (303) 988-0620  
www.frontrangecamping.org

### Staff Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender:  Male  Female  
Parent/Spouse: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
T-shirt Size: (Circle one) **Youth:** S M L **Adult:** S M L XL XXL XXXL

### Church Affiliation

Church you currently attend: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Attending Since: \_\_\_\_\_ Pastor: \_\_\_\_\_  
Church Address: \_\_\_\_\_ Church Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 I am presently not attending a church.

### Emergency Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Camp Volunteer History

Have you volunteered or worked at a summer camp before?  Yes  No  
Where: \_\_\_\_\_ How many years? \_\_\_\_\_

## Expectations

Please complete the front page of this form. **Please submit this form by June 15, 2010.**

Initial all of the items below that you have completed. If you have not completed all items by the time you submit this form, you will be expected to initial that you have completed them when you arrive at camp.

### Please initial when you have completed each item.

- \_\_\_\_\_ I have read and agree to the ABCRM Group Leader Job Description
- \_\_\_\_\_ I have completed the Staff Voluntary Disclosure Form
- \_\_\_\_\_ I have completed the online Child Abuse Prevention Course or similar program
- \_\_\_\_\_ I have completed the Safety Central Background Check
- \_\_\_\_\_ I have signed the Perjury and Acknowledgement of Instruction Statement
- \_\_\_\_\_ I have completed the Staff Health Statement and Authorizations
- \_\_\_\_\_ I have signed the Child Abuse Reporting Form
- \_\_\_\_\_ I have completed the Resident Staff Member's Health Statement (including the physicians signature)

### Staff Commitment

*I promise to maintain the high Christian standards of Christian camping by remaining for the entire camp, by observing all rules, and by conducting myself in a way that makes the best Christian camp possible.*

*I understand that I am expected to follow the rules and guidelines outlined in the Quaker Ridge Camp "Summer Rental Group Staff Manual," The Emergencies Policies Review, and all rules and guidelines of the American Baptist Churches of the Rocky Mountains.*

*I agree to abide by the rules and regulations as explained in the documents listed above.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Parent's Commitment: (If staff member is under 18, this form must be signed by a parent.)

*I certify that the information provided in this application is true and that I have not omitted any applicable information. I understand that if the Camp Director determines that my child is disruptive to the camp or unsafe to himself or herself or the group, I will be responsible for providing transportation home and that no fees will be refunded. I give permission to the American Baptist Churches of the Rocky Mountains and their designated agents to use pictures of my child in promotional material, ABCRM web site and in other ways deemed appropriate.*

### Transportation Information:

Person authorized to take staff member from camp if different from Parent or Emergency Contact:

\_\_\_\_\_

Parent/Guardian's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Return this form to ABCRM no later than June 15, 2010**