

**Heath Valley  
Campground  
2010**

**Sr. High Camp: June 14-18**

(completed grades 9-12)

**Kids Camp: June 21-25**

(completed grades 1-5)

**Jr. High Camp: July 19-23**

(completed grades 6-8)

**WORKER APPLICATION  
& PACKET**

**\*\*PLEASE RETURN ALL NECESSARY WORKER APPLICATION FORMS TO  
THE CAMP DIRECTOR 30 DAYS PRIOR TO CAMP START DATE**

South Arkansas District/Heath Valley Campground  
General Information

Address: Heath Valley Campground  
928 Polk 61  
Mena, AR 71953  
479-394-1177

**What to Bring:**

Bedding (sleeping bag or sheets and blanket with a pillow)  
Bible  
Good flashlight and batteries  
The right stuff to wear (do not bring new clothing or shoes)  
Sunscreen and hat  
Mosquito/bug spray  
Toiletries: shampoo, comb or brush, toothbrush and toothpaste, soap, etc.  
Towels: bath and swim  
Swimsuit  
Spending money for snack shack

**What NOT to bring:**

Tobacco  
Drugs  
Alcohol  
Fireworks  
Weapons of any kind  
Valuables  
Video games  
Audio Equipment (including IPODS, etc.)  
Secular music, books, magazines  
Water balloons

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**Medical Information:**

1. Do not send campers who are sick. They will be sent home at your expense.
2. All campers and volunteers will be checked for head lice. No one with head lice will be admitted onto the campground.
3. All campers and volunteers must have release and permission to treat sections signed

**All camp workers/volunteers (over the age of 18) MUST complete a Central Registry check form and have it notarized. This form MUST accompany the worker application. This form is necessary EACH YEAR even if you completed one in previous years. Because of state registry checks, the Worker application along with Central Registry check needs to be completed and sent to the appropriate camp director (please turn in a separate application for each camp working) 30 days prior to start of camp. Thank you so much for your help in this.**

**Your willingness to serve as a volunteer is greatly appreciated! Your life will touch and bless the children and youth at our camps. In turn, our prayer is that you are blessed during this incredible experience of camp ministry.**



# South Arkansas Camp Worker Application (cont)

**MEDICAL HISTORY:**

1. Allergies which may require emergency medical treatment (medicines, foods, insect bites, etc.): \_\_\_\_\_  
\_\_\_\_\_
2. Date of last tetanus shot: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. List any current health problems such as special diets, treatments or any disabilities. \_\_\_\_\_  
\_\_\_\_\_
4. Have you been sick within the last 30 days? If so, what was the illness(pinkeye, head lice, measles, sore throat, etc.) Also list the treatment. \_\_\_\_\_  
\_\_\_\_\_
5. List medications currently being taken, both prescription and over the counter. All medications will be given to camp nurse for appropriate dispensing: \_\_\_\_\_  
\_\_\_\_\_

\*All workers and campers will be checked for head lice. No one with head lice will be admitted onto the campgrounds.

**ATTACH A COPY OF THE INSURANCE CARD**

Health Insurance Company	Policy Holder
Name:	Name:
Address:	SS #:
Phone #:	Policy/Account #:

I hereby certify that \_\_\_\_\_ is in good health, free from communicable disease, and able to participate in all camp activities. In case of medical and/or surgical emergency, I hereby give permission to the camp nurse, emergency medical personnel and physician/hospital (selected by the camp administration) to hospitalize, secure proper treatment for, and/or order injection, anesthesia and/or surgery for the person named above as deemed necessary.

I hereby waive any and all claims against the South Arkansas District Church of the Nazarene, or its representatives, because of any injury and/or damage to the person or property of the above applicant. I will assume financial responsibility for the applicant's care (beyond what any insurance might cover).

I understand that South Arkansas District Church of the Nazarene, or its representatives, are not responsible for lost, stole, or damaged items belonging to the above applicant. I will assume financial responsibility for any times, damages, destroyed or stolen by the above applicant. I agree to pay transportation costs in the event that the applicant must be returned home because of discipline reasons.

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Signature of Applicant Date

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Signature of parent or guardian if applicant is a minor Date

"It is the policy of the South Arkansas District Camps to admit all persons without regard to race, color, age, national origin, sex or handicap. The same requirements for admissions are applied to persons without regard to race, color, age, national origin, sex or handicap. There is no distinction in eligibility or in the manner of providing services by this agency; all facilities of the agency are available regardless of race, color, age, national origin, sex or handicap."

Additional information, choices and preferences,  
Personal Statement and Pastor Recommendation

## **Central Registry Check**

- **Every** camp worker **MUST** complete a Central Registry Check to attend camp every year.
- The Central Registry Check should be mailed **with** the worker application **to the camp's designated camp director.**

### **Kids & Jr. High**

Susie White  
3 Newbridge Ct.  
Little Rock, AR 72227

### **Sr. High**

Parker Hull/Calvary  
10325 W. 36<sup>th</sup>  
Little Rock, AR 72204

- The Camp Director will forward the Central Registry Form to the appropriate state agency.
- Your Privacy will be assured.

Request for Central Registry Check

A. I, \_\_\_\_\_ (Please Print) authorize the Arkansas Child Protective Services Central Registry to release any information their files may contain concerning the undersigned and any birth/legal children or any other children under the age of 18 who are now or have resided in the home of the undersigned. I understand that the name of any confidential informants, or other information, which does not pertain to me, may not be released

B. **THIS IS CENTRAL REGISTRY CHECK OFFICIAL USE ONLY.** This information should be addressed to:  
 South Arkansas District Church of the Nazarene  
 Attn: Pastor Steve Comeans  
 11001 Kanis Road  
 Little Rock, AR 72211

Agency representative making request: Dr. Russell Branstetter, District Superintendent and Pastor Steve Comeans. (501) 225-1082

C. **Applicant Information**

SSN: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Other names I have been known by: \_\_\_\_\_  
 \_\_\_\_\_

D. **Residential History for the last 10 years:**

Dates		Address:
From:	To: Present	
From:	To:	
From:	To:	
From:	To:	

E. **Children Now residing or who have resided in the home:**

Full Name:	DOB/Age:	Relationship:

F. Form MUST be signed in front of Notary Public:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Acknowledge on this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

**RESULTS:** ( ) No information found ( ) Info found; report attached