

Post-Camper Application – DUE MAY 1, 2019

Please complete and mail this post-camper application, medical form, criminal records check authorization form to:

Andrea Cooper, c/o EOCC, 38 Johnson Mill Rd, Orrington, ME 04474 by the due date

NAME: _____ M ___ F ___ DOB: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

Phone number (day): _____ (eve): _____ (cell): _____

Email address: _____

If under age 18, name/address/telephone number of parent or guardian:

If over 18, name/address/telephone number of emergency contact:

T- SHIRT SIZE: Sm ___ Med ___ Lrg ___ XL ___ XXL ___ XXXL ___

POSITION INTERESTED IN (no guarantees) ___ Daycare ___ Arts and crafts ___ Athletics
___ Kitchen/Dishwasher ___ Waterfront* (*PLEASE INCLUDE COPY OF CURRENT
LIFEGUARD CERTIFICATION WITH APPLICATION)

PREFERRED SLEEPING ARRANGEMENTS (no guarantees) ___ Cabin or ___ Hotel/Motel

It is the purpose of the CCC/ME to provide a safe environment for our staff and campers. Insurance guidelines have mandated we institute child protection policies/procedures. We require national security checks on all camp staff; please complete the National Security Background Check Authorization Form and return with your completed application packet.

Church: _____ Pastor: _____

(Camp Administrator may call your Pastor for background/references as needed.)

If not a member of a CCC/ME church or if you are a Pastor, please list the names and phone numbers of two references:

1. _____

2. _____

Have you been convicted on any crimes? (not including traffic violations) Y___ N___

IF YES, PLEASE EXPLAIN_____

Signature: _____

Date: _____

MEDICAL INFORMATION – POST-CAMPER APPLICANT

Please submit this form with your application

NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____

DATE OF LAST: Tetanus booster _____ Physical exam _____

NAME OF PHYSICIAN: _____ PHONE: _____

HEALTH INSURANCE COMPANY _____ POLICY/GROUP _____

ALLERGIES TO (please list and describe the nature of the reaction):

Medicines: _____

Food: _____

Other: _____

DISABILITIES: Are there any medical reasons why this person may not fully participate in all camp activities? N__ Y__ Explain: _____

MEDICAL CONDITIONS (Please list all): _____

MEDICINES BROUGHT TO CAMP:

If you are in a cabin, all medicine brought to camp **MUST** be given to the camp nurse, labeled with the original Rx label, dosage, instructions, staff member's name, doctor's name and dates. **THIS APPLIES TO ALL MEDICINES.** We must have proper labeling to store medications, so please check all medication prior to leaving home. No medications may be kept in camper cabins. Staff living in staff dorms may keep their medications in their rooms or have the nurse store them in the infirmary.

Name/Phone number of parent/guardian: _____

The nurse of the Congregational Christian Council of Maine Summer Camp has permission to treat me with first aid or if necessary, to take me to Blue Hill Hospital for treatment. I further agree to assume financial responsibility for any emergency treatment.

Staff Applicant Signature: _____

Date: _____

CAMP WINNIAUGUAMAUK SUGGESTED POST-CAMPER EQUIPMENT LIST

IMPORTANT: Please bring a refillable water bottle and travel mug for coffee to reduce the use of paper cups. Thanks!

BEDDING

Sleeping bag or bedroll
Extra blanket, just in case
Pillow
Twin sheet (optional)

CLOTHING

6-7 changes of everything like shorts, sports shirts, socks, underwear, etc.
3 pairs of long pants or jeans
1 rain jacket or poncho
2 sweatshirts or sweaters
1 pair of sneakers and one additional pairs of shoes (sneakers, hiking boots, etc)
Water shoes or aqua socks for use at the waterfront Sandals (optional)
Bathing suit- no bikinis allowed by staff or campers
Pajamas
“Nice” outfit for dance and senior night (optional)

PERSONAL ARTICLES

Towels and facecloth
Toiletries (soap, shampoo, toothbrush, toothpaste, etc)
Pen or pencil, notebook
Bible (bring your own or borrow one from camp)
Flashlight
Camera
Stamps, envelopes and writing paper
Reading materials, cards, games for quiet time
Insect repellent (no spray insect repellent, if possible)
Sunscreen (no spray sunscreen, if possible)
Clothesline or drying rack/clothespins
Small fan (optional)
Camp chair (optional)
Items relating to camp theme (decorations for cabin, costumes for skit, etc.)
Alarm clock

IMPORTANT: PETS ARE NOT ALLOWED AT CAMP AT ANYTIME