

NHM STUDENT INTERN APPLICATION

This application is only applicable for Students (ages 13-18, or summer of High School graduation) who want to Intern at Kids Camp.

By signing this form, I, _____, affirm that I have read and understand the NHM Camp Manual and will adhere to its content and processes while serving at the 2024 NHM Summer Camp events held at Tiger Mountain Conference Center in Henryetta, OK. I understand that information given on this application will be treated as confidential and will only be used to provide for a safe environment for children/youth who participate in our programs and use our facilities. Any individual wanting to participate in camps as a volunteer/worker is required to complete this application.

I consent to a background check and needed inquiries into my background that may include criminal records and other public records pertaining to me (if 18 years old or older at time of camp). I release NHM, TMCC, or their agent and employees and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports. The following information may be used in the check:

STUDENT INTERN INFORMATION:

Legal Name: First _____ Middle _____ Last _____

Age(as of camp date) _____ Grade Fall 2024 _____ Gender [] M or [] F

Date of Birth: ____/____/____ *If 18 or older SSN# _____

Current Address: _____

City _____ State _____ Zip _____

Students Phone Number (Cell) (_____) _____ (Home) (_____) _____

Email _____

Emergency Contact _____ Relation to Student _____

Emergency Contact Phone (_____) _____

Do you have any medical training and/or CPR Certification? _____

(Please attach copy of First Aid and/or CPR Certificate/Card)

Home Church: _____

Home Church Pastor: _____ Phone Number (_____) _____

Is Student attending Teen Camp as a camper on June 3rd -6th? Yes or No

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Cell Phone (_____) _____ Work Phone (_____) _____

Parent/Guardian Name _____

Cell Phone (_____) _____ Work Phone (_____) _____

Person who will pick-up Student Intern _____

Contact Phone Number (_____) _____

CHECK AREAS YOU WOULD LIKE TO SERVE:

___ Assistant Counselor ___ Concessions ___ Computer/Sound
___ Sports Assistant ___ Photography ___ Lifeguard/Pool **MUST BE APPROVED WITH CAMP DIRECTOR AND HAVE CERTIFICATION TO BE CONSIDERED*

Please know you may be asked to assist in other areas of camp life as needed

T-SHIRT SIZE ___SM ___M ___L ___XL ___2XL ___3XL

BEHAVIORAL AGREEMENT

I AGREE TO FOLLOW AND COMPLY WITH ALL CAMP RULES, INCLUDING BUT NOT LIMITED TO, DRESS CODE, AND PHONE POSSESSION. I WILL COOPERATE WITH CAMP STAFF AT ALL TIMES. NO PDA, DRUGS OR ALCOHOL ARE ALLOWED AT ALL. IF FOUND, INTERN WILL BE SENT HOME. IT WILL BE UP TO THE CAMP COUNSELOR/CHURCH ON TRANSPORTATION.

STUDENT INTERN SIGNATURE _____ **DATE** _____
PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

ACTIVITY PARTICIPATION PERMISSION

The undersigned hereby forever releases and discharges TMCC and New Horizons Ministries Conference of any and all liability of any nature which may arise while _____ is a Student Intern as set forth above. Undersigned further agrees to never sue or file a claim against aforesaid TMCC or New Horizons Ministries Conference for any injury which may occur to undersigned while undersigned is involved with any activities of or related to TMCC or New Horizons Ministries Conference such as but not limited to, swimming, zipline, paintball, dodgeball, etc.

PARENT/GUARDIAN SIGNATURE REQUIRED _____ **DATE** _____

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

In my absence, I _____, hereby authorize the Camp Director or Designated representative to obtain medical treatment which may be deemed necessary for (Student) _____. Furthermore, I authorize proper dispensing of prescription drugs (if applicable) OR other over-the-counter medicine to (Student) _____ as listed on this application. Also, I hereby authorize any physician called upon by the Camp Director or designated representative to render medical treatment that in their judgment may be deemed necessary for the well-being of (Student) _____.

PARENT/GUARDIAN SIGNATURE REQUIRED _____ **DATE** _____

TREATMENT INFORMATION

DATE OF LAST TETANUS SHOT ____/____/____
MINOR'S DOCTOR'S NAME _____
DOCTOR'S PHONE (____) _____
MINOR'S MEDICAL HISTORY _____
INSURANCE COMPANY and/or GOVERNMENT PROGRAM _____
ADDRESS _____ CITY _____
STATE _____ PHONE (____) _____-_____
SUBSCRIBER ID OR CONTRACT NUMBER _____
ADMISSION PRE-CERTIFICATION PHONE (____) _____-_____
GROUP NAME (EMPLOYER) _____
GROUP NUMBER _____
EMPLOYER ADDRESS _____
CITY _____ STATE _____ ZIP _____

NOTE: ALL Medicines MUST be listed when Arriving/Checking in at Camp.

LIST CURRENT PRESCRIPTION DRUG(S) IF APPLICABLE

_____	_____
_____	_____
_____	_____
_____	_____

LIST ANY ALLERGIES/MEDICAL CONDITIONS/DISABILITIES

_____	_____
_____	_____

INSURANCE AUTHORIZATION

*I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO
PROCESS A CLAIM FOR THE DEPENDENT IN THIS CAMP STUDENT INTERN
APPLICATION. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE PHYSICIAN OR
SUPPLIER OF SERVICES RENDERED TO MY DEPENDENT.*

PARENT/GUARDIAN SIGNATURE REQUIRED _____ **DATE** _____

*****CONTINUE TO NEXT PAGE TO COMPLETE APPLICATION**

STUDENT INTERN QUESTIONNAIRE

Answers to Questionnaire will be used to determine qualifications of the Student and place in the best position of interest and participation. These answers will be kept confidential

1. How long have you been attending your local NHM church? _____
2. Are you a Christian? ____ yes ____ no
3. How long have you been a Christian? _____
4. Are you a member of your local NHM church? ____ yes ____ no
5. Have you worked/volunteered with children/youth before? In what capacity?

6. Do you have any physical handicaps or challenges preventing you from performing certain activities at the camp? If yes, explain.

7. Have you ever been convicted of a crime? If yes, explain.

8. Have you ever been accused, arrested, charged or convicted of child abuse, neglect, or any criminal activity involving actual or attempted sexual molestation of a minor or other sexually related crime? If yes, explain.

9. Will you be bringing any medicines with you to camp? If yes, explain.

NOTE: ALL Medicines MUST be listed when Arriving/Checking in at Camp.