

26th Annual Florida Grace Camp

Volunteer Application Form

June 12th – 18th 2022

**Check-in for volunteers is June 12th, at 2:00 p.m. @ The Chapel
Please report directly to the Chapel on arrival!**

Our Purpose

The Purpose of Florida Youth Grace Camp is to evangelize children through the clear preaching of the gospel of the grace of God, so they may have the assurance of eternal life. Our goal, secondly, is to build up the youth through the teaching of God's Word rightly divided, so that they may grow up to be productive and consecrated members of the body of Christ. Finally, we desire to provide them with an exciting camp full of fun and fellowship which will provide life long memories and friendships.



**Cost of Camp is \$270.00
(There will be discounts for volunteers)**

\$25 discount for registration form and deposits received by May 1st

Make Checks out to GraceWay Bible Church and mark "Grace Camp"

Send to: FYTGC, P.O. Box 866, Edgewater, FL, 32132

PARENTS: Please keep these pages for reference before and during camp.

Policies for all persons at Florida Youth Grace Camp and Camp Horizon.

- Christian standards and conduct are upheld for all campers, staff and guests. No profanity, drugs, tobacco use, vaping, juling, smoking or alcohol are allowed.
- Modesty and discretion is the guide for dress and swimwear.
- Camp visitors need to contact the director prior to visiting the camp.
- No one may leave the camp grounds without the director's prior permission.
- Camp director reserves the right to dismiss any camper, staff or visitor. Campers will be sent home if they fail to cooperate with staff or violate camp rules.
- Florida Youth & Teen Grace Camp does not discriminate because of race, creed or nationality.
- All campers and staff will be temperature checked and lice checked.

SPONSORSHIP

Camp is sponsored by participating independent King James Bible Believing Florida Grace Churches:

For more information about the camp please feel free to call Robert Bell at (386-846-8852) or email at floridagracescamp@gmail.com or visit our website <http://www.floridagracescamp.com>

WHAT TO BRING CHECKLIST

Please mark all items with your child's first and last name.



THIS IS CAMP - Please do not bring new or expensive clothing, shoes, jewelry, Bibles or other such items. They may be LOST OR DAMAGED!

- ___ KJV Bible, notebook, pen or pencil
- ___ Bedding, or sleeping bag and pillow!!
- ___ Plenty of clothes!!
- ___ White t-shirt
- ___ Toiletries, insect repellent, sunscreen, laundry bag, and at least 3 towels and washcloths
- ___ Two pairs of tennis shoes, rainwear, flip flops, and modest swimwear (NO BIKINIS)

- **NO Cell Phones. If phones are seen out they will be taken away and stored for the week and given to the parents upon their arrival. Also no radios, tape or CD players, toys, or electronic games are allowed.**

- **NO food items or snacks. We will provide 3 meals per day and an evening snack.**



MUSIC MINISTRY

If you play an instrument or enjoy singing, please come prepared to share your talent with us.

NO PHONE CALLS may be made or received by campers. *Except in Emergencies.* Please see the director.

For emergencies during camp call: Camp Horizon @ (352) 728-5822 / Robert Bell @ (386) 846-8852 (Cell Phone)

SPECIAL OFFER

Receive \$25 off camp by sending in your deposit and form by May 1st

LOCATION

Camp Horizon is located about 30 miles south of Ocala and 35 miles northwest of Orlando, on the out-skirts of Leesburg.

Heading north on Turnpike: Take exit 285, turn right (north) Leesburg US 27.

From I-75: Take the Leesburg, Wildwood exit (#66) SR44, turn east on 44, and go approximately 15 miles turn right on Sunnyside Drive (look for Camp Horizon sign).

From Orlando: Take 441, 3 miles north of Lake Square Mall, turn left on Sleepy Hollow Road (Texaco station on left at turn).

From 301 to 441 left at Junction 27/441 in Leesburg. Turn right on Sleepy Hollow Road.

For a map and directions go to: <http://www.camphorizon.org/pdfs/Map2Camp.pdf> **If Lost Call: Phone: (352) 728-5822 or 728-8403**

EGC VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Employer: _____ **Work Phone:** _____

Dating Status: _____ **Spouse's Name:** _____

Position Applying For: _____

Each Volunteer will receive a T-shirt. Please circle size needed:

Youth: Small Medium Large Adult: Small Medium Large XL XXL

Enclosed is \$50 non-refundable registration fee. Enclosed is payment in full of \$270
I will pay the balance of \$220 by June 1st.

REFERENCES (Skip if filled previously)

(Please list 3 individuals (not relatives) who have known you for 3 years or longer)

1. Name: _____ **Relationship:** _____

Phone: _____ **E-mail:** _____

2. Name: _____ **Relationship:** _____

Phone: _____ **E-mail:** _____

3. Name: _____ **Relationship:** _____

Phone: _____ **E-mail:** _____

CHURCH HISTORY (skip if filled previously)

(List the names of the churches you have regularly attended within the past 5 years)

1. Church Name: _____ **Phone:** _____

Address: _____
Street City State Zip

2. Church Name: _____ **Phone:** _____

Address: _____
Street City State Zip

SPIRITUAL INFORMATION (skip this if filled out previously)

1. How long have you been a believer in Jesus Christ? _____

2. How long have you been attending your local Church? _____

3. Please list a brief testimony: _____

4. List any training, education, or gifts that have shaped you: _____

5. List any church ministries that you have been involved in and your level of involvement: _____

REFERENCE CHECK AUTHORIZATION / RELEASE OF LIABILITY

I certify that the facts contained in this application are true and correct to the best of my knowledge and understand that falsified information on this application will be grounds for dismissal from my volunteer position. I hereby authorize Florida Grace Camp, and its authorized employees to investigate all statements contained herein. I further authorize all references and employers listed within this application to release any, and all information regarding my past employment or volunteer work. I hereby release and discharge FGC and its representatives for any damages, losses, or injuries to person or property that may be sustained while participating in camp related functions and/or events in which I volunteer.

Signature

Date

Printed Name

* All information contained herein will remain confidential and will only be used for purposes of conducting a reference check. This information will not be distributed to any other source.



FGC VOLUNTEER BACKGROUND CHECK AUTHORIZATION

FGC takes the obligation to protect our children and camp seriously. As part of the volunteer application process, we conduct a thorough background check. Please fill out the information requested below, and return the form to the Camp Director.

REQUIRED INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____

Driver's License Information: _____
License Number Expiration Date

During the application process and at any time during the tenure of my volunteer work with FGC, I hereby authorize Lexis Nexus (www.lexisnexis.com) on behalf of FGC to procure a Investigative Consumer Report (ICR) which may include information regarding my "character, general reputation, personal characteristics, or mode of living" Pursuant to Florida Civil Code 485 and the Investigative Consumer Reporting Agencies Act (ICRAA). The report may be compiled with information from court records, Departments of Motor Vehicles, past or present employers, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

You are entitled to a copy of any public records that are obtained as part of this background investigation. If you desire a copy of these records please let the director know.

ACKNOWLEDGEMENT

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that Florida Grace Camp, and its authorized employees solicit this information so as to be informed of my previous record and character. I understand that my volunteer status depends upon successful completion of a criminal background investigation. If employed as a volunteer, I understand that any falsification, misrepresentation, or omission of facts of this record may be considered grounds for disqualification, release, or dismissal.

Applicant Signature

Date

Volunteer Health Information

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____ Shirt Size: _____

Allergies to medicines or foods:

Describe any physical or behavioral special needs:

Camper is being treated for, or may have problems with (please circle all that apply & attach an explanation if needed):

Please identify any health problems of camper:

____ heart ____ lung ____ ears ____ skin ____ tonsils ____ sinus ____ appendix
____ hernia ____ asthma ____ allergies ____ hay fever ____ penicillin
other, please specify _____

Date of last tetanus booster: _____

See attached notes / documents **SPECIAL CARE:** -Contacts -Glasses -Braces -Retainer -Other

All medications must be checked in with the Camp Nurse/Medic, who will administer the prescribed dose / frequency. You will receive a form to list medications and dosages. This is to be given to the nurse at registration with all medications in a zip-lock bag. Prescription drugs must be in their original labeled containers. Over the counter medications (vitamins, minerals, etc) must be **in their original bottle** with complete instructions for use. **Asthmatic campers may keep their inhalers** - you may choose to send a backup inhaler to leave with the nurse. Topical creams, eye drops or ear drops may be kept in the cabin. **If your camper has a special need, please attach a note that explains this in detail.**

ATTACH A SEALED ENVELOPE WITH:

Explanation of all of the above / Last 3 months medical history (if any) / Other appropriate information /
All medicines as they will be maintained by the camp nurse (medic) / Physician and insurance information

I give permission for the Health Counselor (RN, LPN, Paramedic) to administer any of the following over-the-counter medications or a generic equivalent (**except those I have put a line through**):

For Pain / Fever: Acetaminophen (Tylenol) ; Ibuprofen (Motrin) ; Aspirin

Topical: Antibiotic Ointment (Neosporin, Bacitracin, Polymixin) ; Benadryl ; Calamine ; Camphophenique

Benzocaine (tooth drops) ; Hydrocortisone Wax (for braces)

Antihistamine: Benadryl ; Triaminic ; Neosynephrine ; Afrin ; Dimetapp ; Sudafed

Expectorant: Robitussin Mucinex **Eye Care:** Artificial Tears

Gastrointestinal: Emetrol ; Imodium ; Pepto-Bismol ; Antacids (i.e. Tums, Mylanta, or Maalox) ; Metamucil/Citrucel laxative / stool softener of choice

Fungus: Lotrimin ; Tolnaftate ; Clotrimazole **Sore Throat:** Cloraseptic ; Zinc

Swimmer's Ear: Swimmer's Ear Drops **Lice:** "Rid" (Generic: Permethrin) ***Children MUST be free of lice on arrival ***

*** Note: **We will need to do an inspection upon arrival!** ***

Insurance Card Attached (copy) No Health Insurance

Please attach copy of insurance card (both sides). The parent/guardian is responsible to provide adequate medical insurance and will be responsible for any and all medical bills incurred due to emergency care. A qualified nurse or paramedic on the campgrounds will provide First Aid, and if necessary, campers will receive professional medical care at Leesburg Regional Medical Center which has a fully staffed emergency room and an urgent care walk-in clinic. **YOU WILL BE CALLED FOR APPROVAL.**

HEALTH CARE AUTHORIZATION AND RELEASE:

Parent/guardian hereby authorizes camp staff to approve all examinations, treatments, and hospitalization as may be deemed necessary for the health and welfare of the camper. Parent/guardian agrees that all related expenses shall be their responsibility, and will not hold the sponsoring ministries, individuals or Camp Horizon involved liable for any accident or illness.

Signature: _____

Date: _____