

such medical treatments and guarantee full payment to the attending health care provider and/or medical institutions.

X _____
Signature

Date

Staff Volunteer Service Request

I, the undersigned, hereby agree to donate any and all my time served as a staff member at *Northern Light Camp*, voluntarily, without expectation of payment or compensation.

I understand that *Northern Light Camp* does not provide personal medical or health insurance, and it is my responsibility to provide personal insurance.

Northern Light Camp may use any photos or videotapes taken of me at anytime during the event in their publications or those of their sponsor, Grace Communion International.

In keeping with its Christ-centered mission, *Northern Light Camp* sets high standards of personal conduct. These standards include rules against intoxication or possession of intoxicants, sexual misconduct, use or possession of illegal drugs, stealing, smoking, disorderly conduct, disrespect toward staff or campers, intentional destruction of property, refusal to cooperate with personnel or any conduct or attitudes not in keeping with Christian standards. *I understand that staff members, who do not abide by the rules and policies of Northern Light Camp, or whose conduct or attitudes undermine the wholesome, positive, and Christ-centered camp environment, may be dismissed.*

I have carefully read this certification and fully understand and agree with all of the above.

X _____
Applicant's Signature

Date

A chaperone staff member attends camp and participates in the activities led by Eagle Bluff as a chaperone only. A chaperone level staff member has a base cost to the camp of \$190. A participating staff member is a staff member that would like to completely participate in any and all Eagle Bluff led activities along with the campers and the cost incurred to the camp is \$275.

If you would like to serve on staff as a PARTICIPATING STAFF MEMBER we have established a \$150 fee in order to offset costs and keep camper tuition down. We have not established a fee for a chaperone staff member.

We do ask that each staff member offer a donation above any participation fee in order to offset the costs for the camp in order to keep tuition for campers as low as possible. If you have any questions please do not hesitate to ask.

Please help us in our planning and have your Staff application in as soon as possible. Staff applications after June 15th are accepted but it is appreciated to have them sooner. Complete and return this application and complete the information on the attached page for background checks. Mail all paperwork to the following address:

**TODD FOX
305 2nd Street NW
Elgin, MN 55932**

What does the camp cost? The cost/tuition for the entire weekend is **\$350 per person**. The **early-bird discount** is **\$35 off of the regular tuition (reducing the tuition to \$315)** if registered before April 30th.

The registration fee includes: **Northern Light Camp** staff shirt, dorm/cabin accommodations, activities, all meals and evening snacks.

Upon being accepted as a staff member, you are encouraged to support the event to whatever degree you are able and make a tax deductible donation to the camp to help defray the costs. Please read the information on page two concerning the type of staff involvement as chaperone or full participation staff member as there is a fee to participate at the full participation level. Your generous donation above any fees helps to scholarship campers into the camp and allows us to use all funds received to allow more youth to come to Christian camp. Donations should be made payable to: **Northern Light Camp**. Send donations to:

Julie Craig
5417 Creekwood Ct SE
Rochester, MN 55904-8652

If you have any questions regarding *Northern Light Camp*, please feel free to contact our Camp Director Todd Fox via email at: todd.fox@wcg.org

CRIMINAL BACKGROUND CHECK Required Information

The following information is required for purposes of obtaining criminal background checks on all Northern Light Camp volunteers. All information will be kept confidential.

Birth Date (MM/DD/YYYY): _____

Social Security Number: _____

Full Legal Name: _____

List City and States of residence for the last seven years:

Aliases or maiden name(s): _____

STAFF USE	
Verified Previous: ____	Accepted: ____
Previous Position(s): _____	
Position: _____	
Lead: _____	Mentor: ____ Assist: ____

OFFICE USE ONLY	
AE:	_____
SR:	_____
BC:	Y ____ N ____
DIR:	Y ____ N ____
AN:	_____