



Adult Staff Information Form

This form must be completed by all staff over the age of 18. Boxes 1, 6, 9, and 10 must be filled out once every year. Boxes 2-5 and 7-8 only need to be filled out the first year staffed and whenever the contact information provided changes. Directors should ensure that forms for individuals staffing multiple weeks are passed on to the directors for the appropriate week.

SECTION I - STAFF INFORMATION *(To be completed before Camp)*

1. Name: <i>(Last, First, MI)</i> :	2. Phone
3. Email Address	4. State of Residence
5. Home Congregation	
6. Week(s) Staffed <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Junior Week Senior Week Beginner Week Preparing Godly Leaders </div>	

SECTION II - EMERGENCY CONTACT INFORMATION

7. Primary Contact Name:	7a. Cell/Home Phone Number
7. Work Phone Number <i>(if applicable)</i>	7c Relationship to Staff Member:
8. Secondary Contact Name:	8a. Cell/Home Phone Number
8b. Work Phone Number <i>(if applicable)</i>	8c. Relationship to Staff Member:

SECTION III - STATEMENT OF UNDERSTANDING *(Must be completed on the first day of Camp)*

I have been trained on Pennsylvania Christian Camps Anti-Harassment Policy. I have been given the opportunity to ask questions about this policy and I fully understand my roles and responsibilities in preventing and/or reporting violations of this policy. I understand that failure to follow this policy, or any other policy authorized by the Board of Directors, may result in me being asked to leave camp early. I know that if I have any questions or concerns, I'm encouraged to bring them up with a Director or a member of the Board of Directors at any time.

9. Signature	10. Date
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"Love the Lord your God with all your heart and
with all your soul and with all your strength and
with all your mind, and Love your neighbor as
yourself"

-Luke 10:27