DUE DATE: 15 NOVEMBER 2019

WINTER STAFF VOLUNTEER APPLICATION

PERSONAL DATA

Name_____Preferred Name_____ Date_____

Social Security Number_____ Birthday_____ Age _____

Address (at College)_____City_____ ST_____ Zip_____

Address (Home)_____ City_____ ST_____ Zip_____

Phone (at College) (_____)_____ Home Phone(_____)_____

Cell Phone (_____)_____ E-mail_____

If employed, can you provide proof of U. S. Citizenship? ☐ Yes ☐ No ☐ N/A

EDUCATION RECORD

Year of high school graduation _____ Current year in school_____

College/University/Trade _____ School Major/Degrees_____

QUESTIONS FOR WINTER STAFF APPLICANTS TO ANSWER

Please answer the following three questions in a few short paragraphs.

1. Write a brief testimony of your personal relationship with Jesus and how it is developing.
2. Why do you want to work on Winter Staff? How will it benefit you and WSS?
3. List two strengths and two weaknesses. Describe how these attributes will impact your service here.
4. Please provide your biblically informed perspective on these topics in one or two sentences each: abortion, purity, homosexuality, modesty, marriage.

Please answer the following questions with a yes/no response, unless further clarification is needed.

1. Select all the retreat dates you are available to be on Winter Staff:

WR #1: Dec 22 - 26	☐ Yes	☐ No (arrive at WSS by 1100 Dec 22)
WR #2: Dec 26 - 30	☐ Yes	☐ No (arrive at WSS by 1400 Dec 26)
WR #3: Dec 30 - Jan 3	☐ Yes	☐ No (arrive at WSS by 1400 Dec 30)

2. Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No
3. Have you ever been convicted of physical or sexual misconduct? ☐ Yes ☐ No
4. Do you have gifts in leading worship or photography? If so, which_____.
5. Are you willing to allow WSS to share your contact info with other Winter Staffers for car-pooling purposes? YES NO

HEALTH AND MEDICAL RECORD

Winter Staff

Name: _____ Age: _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____

In case of emergency please contact:
Name: _____ ☐ Parent ☐ Guardian ☐ Other
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____)_____-_____ Work Phone (_____)_____-_____
Cell Phone (_____)_____-_____
Name of Insurance Provider: _____
Policy Number: _____ Policyholder Name:_____
SSN (of military member): _____ DOB (of military member): _____

This health and medical record, including limitations indicated, is valid for participation in all programs at White Sulphur Springs.
DOES APPLICANT HAVE OR IS SUBJECT TO (check if yes)

☐ Asthma	☐ Fainting Spells	☐ Convulsions or Epilepsy
☐ Diabetes	☐ Heart Trouble	☐ Allergy or reaction to medications
☐ Bee Stings	☐ Food Allergies	☐ Work, Swimming, Sport or other restrictions
☐ Depression	☐ Eating Disorders	☐ Psychiatric conditions
☐ Restrictions for medical reasons		☐ Other _____

If any of the above are checked please describe below in the comments section.

HAVE DIFFICULTY WITH (check if yes)

☐ eyes	☐ ears, nose, throat	☐ digestion	☐ menstrual problems
☐ lungs	☐ sleep-walking	☐ falling out of bed	☐ other _____

HAVE HAD (check if yes)

☐ whooping cough	☐ measles	☐ mumps	☐ chicken pox
☐ epilepsy	☐ rheumatic fever	☐ diphtheria	

MEDICATIONS:
Any condition now requiring regular medication? ☐ No ☐ Yes (If yes, please indicate).
Medication _____ Dose _____ Frequency _____
Reason for taking _____

IMMUNIZATIONS:
Are immunizations up to date? ☐ Yes ☐ No
Date of last Tetanus booster shot: _____ (required every 10 years)

Additional medical comments (may be continued on back)

PARENT AUTHORIZATION (participant if 18 or older) This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me and/or the physician. In the event I can't be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter who is serving on the staff at WSS.

Signature: _____ Date: _____
Note: The contents of this medical history are confidential and will be disclosed only to those with a "need to know".