



www.goodshepherdbiblecamp.com

Good Shepherd Bible Camp 2025

STAFF Registration

Saturday, July 12 (arrive 4 PM) to Saturday, July 19 (leave Noon)

STAFF PERSONAL INFORMATION

Staff's Name _____ FEMALE _____ MALE _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-Mail Address _____

I last attended GSBC in _____ Past Staff experience: _____

What size "T" Shirt do you wear? (Adult Sizes) Select One: _____

Staff's WELS/ELS Home congregation _____

City _____ State _____ **Pastor's Signature** _____

STAFF VOLUNTEER INFORMATION

I am interested in the following Staff position(s) for 2025: Select as many as you wish –
(Please keep in mind that we may not be able to honor all requests.)

Activities Leaders	Bible Study Leader	Cabin "Shepherd" For: Juniors (4-5 th) Intermediates (6-8 th) Seniors (9-10 th)
Hike Leader - Nature / Day / Over-Night	Kitchen Staff - Prep & Serve / Scullery Lead	
Crafts Leader/Assistants	Campfire+ Music Leader	
Canoe Supervision	Guitar/Other Musician	Office/Driver/Photo
Life Guard - With Red Cross Cert Card	Infirmary – EMT or above	Devotion Presenter
Notes: _____		Archery Supervision

STAFF EMERGENCY CONTACT PERSON OR PARENT/LEGAL GUARDIAN INFORMATION (if less than 18 years old)

Name _____ Relationship to you _____

Phone: Home _____ Work _____ Cell _____

I the undersigned parent/legal guardian do hereby authorize the above named staff volunteer to attend Good Shepherd Bible Camp (GSBC) during the dates listed above. In addition I authorize GSBC to use any pictures that may be taken of the staff during the week to be used in future GSBC marketing materials and websites.

Parent/Legal Guardian Signature (required if less than 18 years old) _____

Make your check payable to Good Shepherd Bible Camp or simply "GSBC".

*Please return a) this form, b) a photo copy of your insurance card, and c) your Camp Fee **by June 30th** to:*

Pastor E. Hansen, 5939 Magnolia Ave – Riverside, CA 92506

Staff Use Only	P	I	C	Staff Use Only
Description	Fees	Paid	Check #1 - Split?	Check #2 - Split?
2025 Staff Fee – Each Staff member	\$130		Check. #	Check. #
Overnight Sr. Hike activity	\$20		Dep. #	Dep. #
<i>Treasurer Notes:</i>	<i>Total ></i>		Check \$	Check \$

Staff Medical Information for (name) _____

Name of Health Insurance Policy Holder (if minor, provided through Parent/Legal Guardian) _____

Health Insurance Company _____

Address _____ City _____ State _____ Zip _____

Group or Policy Number _____

Please attach a copy of both front and back of your health insurance card!

Family Doctor _____ Doctor's Office Phone Number _____

Date of last Tetanus Vaccination _____

List Current Medications: (Prescription or over-the-counter drugs)	Check-in Verified?	Any food, insect bites or other allergic reactions:
1) _____	√	_____
2) _____	√	_____
3) _____	√	_____
4) _____	√	_____
5) _____	√	_____

***ALL medicines will be checked with the camp nurse at registration/check-in time on Sunday.
You MUST bring the actual prescription for the medicines. The nurses must see the doctor's orders.***

If, in the opinion of the camp infirmary staff, should there arise the need for medical attention for staff, _____, a minor, I the undersigned parent/guardian do hereby authorize either Big Bear or Red Lands Community Hospital, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and general or special supervision of any physician and surgeon licensed under the provisions of the medical practice act on the medical staff on any hospital, whether such diagnosis or treatment is rendered at the physician office or at said hospital.

I understand that this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required, but is given to provide authority or power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization may, in the exercise of his/her judgment, deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

I hereby authorize any hospital, which has provided treatment to the above named minor pursuant to the provisions of section 25.8 of the civil code of California, to surrender physical custody of such minor to my above-named agent upon completion of treatment. This authorization is given pursuant to section 1283 of the health and safety code of California.

This authorization shall remain in effect from Saturday, July 12, 2025 to midnight Saturday, July 19, 2025, unless sooner revoked in writing and delivered to said agent. You may release the above minor to the person having physical custody at the time of treatment.

Parent/Legal Guardian Signature _____ **Date** _____