



WILDERNESS CHRISTIAN ASSEMBLY

G-Man

Application

God's man - Grounds - Garbage - Growth

A job to earn tuition for your week of camp

You will not be a camper

Name _____ Date of Birth _____

Address _____ City _____ St _____ Zip _____

Phone (_____) _____ Home Congregation _____

In 50 words or less state why you are seeking a position as a G-man. Include your experience as a camper at Wilderness.

Check the dates you could be available to serve.

- | | |
|--|--|
| <input type="radio"/> High School - June 15-21 | <input type="radio"/> Jr High School - June 22-28 |
| <input type="radio"/> First Chance - June 29-July 1 | <input type="radio"/> Intermediate - July 6-11 |
| <input type="radio"/> Tagalong - July 20-25 | <input type="radio"/> Junior - July 13-18 |
| <input type="radio"/> Teen Retreat - September 19-21 | <input type="radio"/> Seasoned Saints - August 17-21 |

Return this application, your 50 word essay and your health record (completed by your parent or guardian) by **May 15** to WILDERNESS CHRISTIAN ASSEMBLY
4408 Kniss RD SE
Kalkaska, MI 49646.

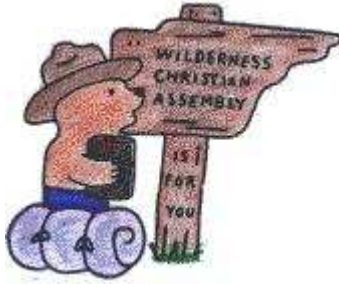
You will need a letter of recommendation from one of the following:

1. The minister of your congregation
2. An elder in your church body
3. Your youth sponsor

You will know by June 1st if you have been selected as a G-man and the dates you will be expected to work to earn your tuition. We will also let you know if you have not been selected as a G-man this year and will encourage you to try again next year!

Thanks for considering Wilderness,

Enc: health record



WILDERNESS CHRISTIAN ASSEMBLY

G-Man

Job Description

God's man - Grounds - Garbage - Growth

A job to earn tuition for your week of camp

You will not be a camper

G-men are not to fraternize with campers.

G-men are responsible to the manager.

G-men may occasionally be asked to work with the roustabout or to help the director. *(The manager must make the decision)*

G-men must attend their week of camp.

Following are some of the responsibilities G-men may be asked to perform to earn their tuition for their week of camp.

Dishes (after campers return to camp)	Stacking wood	Painting
Mopping (Dining Hall, Kitchen, Bath house, Canteen)	Weeding flowerbeds	Mowing grass
Disinfecting Bathrooms	Counting pop cans	trimming shrubs
Fertilizing lawn	Preparing, maintaining and hauling recyclables	Planting
Hauling brush	Minor repairs	
Helping to create new projects (such as: labyrinth or nature walk)		
Etc. etc. etc. etc. etc.		

G-men will report for duty by 7am and retire no later than 11pm.

G-men will have from 5pm Saturday night until 3pm Sunday when they do not need to report for duty.

G-men responsibilities will cover a 13 day span *(not always consecutive)*.

Meals and housing will be furnished by Wilderness.

Manager has the right to alter these jobs and the right to dismiss a G-man who does not comply.

I hereby give permission to Wilderness Christian Assembly, which is licensed by the State of Michigan, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment, for the camper named above while attending camp. I hereby release the Assembly from any responsibility other than normal supervision and care. In case of accident, I will not hold WCA or its faculty, staff, management of directors liable unless guilty of gross disregard for the safety and welfare of the camper.

Insurance Co. _____ Policy # _____

Authorized Signature _____ Date _____

Name _____ Date of last Tetnus shot _____

Special Needs (circle any applicable): bed-wetting fainting sleep walking allergies _____

Other _____

List any health (infectious disease?), behavioral/emotional problems _____

MEDICATIONS CURRENTLY BEING TAKEN

CHECK YOUR CHILD'S SUSCEPTIBILITIES

NAME	FREQUENCY	DOSAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

hives hay fever asthma
 poison ivy penicillin bee sting
 ear infection tonsillitis
 other _____

Circle one: Tylenol Motrin
Excedrin Other _____

I understand I will be directly responsible for medical charges due to illness or accident.

Mother's Name _____ Home Phone (_____) _____

Cell Phone (_____) _____ Work Phone (_____) _____

Father's Name _____ Home Phone (_____) _____

Cell Phone (_____) _____ Work Phone (_____) _____

Emergency Contact _____ Emergency Phone (_____) _____