

Special Needs Family Camp Application 2025

Ages 4-99

Friday Friday, June 27- Sunday, June 29th
Friday sign-in 3:00pm - 4:00pm

Camp Fee \$100 per camper + parent/guardian \$40 per additional parent/guardian

No application will be accepted after June 13th

to: Payable to WV Nazarene Youth Camp

Amy Carney 6 Greenbrier Avenue carneyamy81@gmail.com

Hurricane, WV 25526 (304) 382-6754

Camper's Name: _____ Gender M _____ F _____.

Camper's Address _____ City/Zip _____.

Date of Birth _____ Age _____ T-shirt Size XS S M L XL XXL

XXXL

Church _____.

With my signature, I hereby validate this application form and do expressly waive any, and all claims against the WV North & WV South District Church of the Nazarene and/or any of its boards and/or any representatives, because if injury, illness, or damage to the person or property of the above applicant in condition with or incident to, the WVN/WVS camp program.

Parent/Guardian Signature _____ Date _____.

Release Form for Media Recording I, the undersigned, consent and agree that Summerville Nazarene, its employees, or agents may take photographs, videos, and other image & sound-based media of activities including camp attendees, employees, students, and visitors, while on the grounds. I understand there will be no financial or remuneration for recording cam activities, for initial or subsequent use such as images in publications, advertising, or presentations. Usage shall not include distribution to other agencies, or commercial publications.

Signature of Parent/Guardian: _____ Date _____.

Pastor's Recommendations: Must be Signed.

I have read the above application, and to the best of my knowledge, this applicant is registering in the proper camp according to the child's needs. I have discussed the camp rules with the family and believe they will abide by them. I'm giving my support to this family in attending the camp to which they are applying.

Pastor Signature: _____ Date _____.

Church: _____ Church phone _____.

Where will you and your family be staying?

_____ Personal cabin or camper

_____ I need a room to stay in for the weekend.

Everyone over the age of 18, will need to complete a background check provided by the Nazarene District (webpage)

What can we learn about your child?

Please describe your child's special needs; including all medical and/or psychological diagnoses.

What are your child's physical/personal limitations? Please provide a brief explanation

Can your child go to the bathroom without help?

yes

no

Do you feel, based upon your child's ability to function inclusively during camp, that they would function best :

independently

with/ minimum supervision

with/physical assistance

with a one-on-one staff member

What are some fears/dislikes? (storms, loud noise, bugs)

What are your child's likes and strengths? Favorite activities?

Can your child follow simple directions?

yes no

What instructions can your child follow?

verbal written

gestures picture (visual aid)

other

Does your child have feeding restrictions, special diets, or allergies?

yes no

If so, details explain.

Does your child get aggressive? (hair pulling, running, hiding, screaming, undressing, wandering, throwing things, inappropriate touching)

yes no

Do you have any behavioral plans or instructions to help us with your child?

What strategies do you use at home that would be beneficial for our volunteers to know if your child becomes upset?

Please list any equipment that you need to bring with you to help us assist in your stay on the campground, such as handrails, ramps, large showers.....

WV NAZARENE SPECIAL NEEDS FAMILY CAMP VOLUNTEER APPLICATION 2025

Special Needs – physical & mental impairments / Ages 4 – 99

Friday June 27 – Sunday June 26

Mail To: Amy Carney

6 Greenbrier Avenue Hurricane WV 25526

(304) 382-6754 / carneyamy81@gmail.com

Name of Volunteer: _____ **Birthdate:** _____ **T-shirt Size** _____

Address: _____ **City/State/Zip:** _____

Email: _____ **Cell Number:** _____

Nazarene Church you attend: _____ **Pastor's Name:** _____

How long have you attended this church: _____ **Are you a Member: Y N How long?** _____

What experience have you had with special needs children & adults? _____

What positions have held in the Church of the Nazarene (Sunday School, Quizzing.....)? _____

Do you abide by the rules of the Church of the Nazarene? Y / N

Will you abide by the rules of the Church of the Nazarene? Y / N

Have you completed a background check? Y / N

Have you ever been charged with or convicted of sexual assault? Y / N

(Please make a copy of your insurance card and attach the copy to this form.)

In what area would you like to assist?

___ **Counselor** / ___ **Sports worker** / ___ **Teacher** / _____ **Other**

Volunteer Signature: _____

(Application must include a pastor's recommendation.)

PASTOR'S RECOMMENDATION

I have read the application above and to the best of my knowledge, I can recommend this volunteer to work with the children and youth at our Nazarene Camp in Summersville, WV.

Pastor's Signature: _____ **Church:** _____ **Cell Phone:** _____

Please write your *Statement of Faith* on the back of this form.