



# S.A.L.T (Servant and Leadership Training) Application Form

Please complete and mail or fax back to Victory Bible Camps S.A.L.T. program  
64741 S Victory Road ✕ Sutton ✕ AK ✕ 99674 ✕ P. 907-745-4203 ✕ Fax. 907-745-4206 ✕ www.vbcalaska.org

How the application process works:

- 1) Fill out the following application and the health form. Mail or fax them to the address above.
- 2) Give out your three reference forms to the appropriate individuals. Remember that your application will not be considered until we receive all three reference forms from your references.
- 3) Once application and three references have been received, we will review your application and notify you of the status.
- 4) Upon acceptance, the \$50 nonrefundable/nontransferable deposit is due. At that point you will be officially registered as a part of the S.A.L.T. program.
- 5) At your convenience, the rest of the camp fee must be paid at least two weeks prior to your arrival at camp. If transportation is needed, there is a one time bus fee of \$25. This covers two weeks of transportation as you are required to come for two weeks of camp and travel home on the weekend.

### **Session Information**

*(Sessions run in two week periods with applicants traveling home in-between. Applicant must attend both weeks):*

<u>Session #1 - \$110</u>	<u>Session#2 - \$120</u>	<u>Session #3 - \$120</u>	<u>Session #4 - \$120</u>
June 6 - 16	June 18 - 30	July 9 - 21	July 23 - Aug 4



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### General Information:

Camper First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Camper Last Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_  male  female Grade entering in fall \_\_\_\_\_ Camper e-mail \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

1st Choice Camp Session \_\_\_\_\_ 2nd Choice Camp Session \_\_\_\_\_

Pick-up Location:  Anchorage  Eagle River  Palmer  Sutton  Glennallen (There is a one time transportation fee of \$25 for riding the bus).  
 T-shirt Size (Adult Sizes):  Small  Medium  Large  X-large  XX-large

### Past Camp Information:

Have you been a camper at Victory Bible Camps before? *Yes No*  
 If so, which camp did you attend? \_\_\_\_\_, and what years? \_\_\_\_\_  
 Where did you hear about Victory? \_\_\_\_\_

### Leadership/Employment Experience:

Please state your previous employment/volunteer/leadership experience. You may include any school activities and/or other miscellaneous activities.

#### Experience #1

Activity/Organization/School \_\_\_\_\_ Title/Position \_\_\_\_\_  
 Dates \_\_\_\_\_ Briefly describe your responsibilities \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Experience #2

Activity/Organization/School \_\_\_\_\_ Title/Position \_\_\_\_\_  
 Dates \_\_\_\_\_ Briefly describe your responsibilities \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### References:

Each applicant is required to submit three references (enclosed) from the persons specified below. Please fill the top portion of the reference out and have the person send or fax the reference directly to Victory Bible Camp marked S.A.L.T program. Be sure and let them know that the application process is not complete until we receive their references. Please contact us if you do not have any possible references in the listed positions.

Youth Pastor/Pastor \_\_\_\_\_ Phone \_\_\_\_\_  
 Employer/Teacher \_\_\_\_\_ Phone \_\_\_\_\_  
 Personal Friend \_\_\_\_\_ Phone \_\_\_\_\_

**Written Questions:**

Please answer the following questions by typing them and attach to this application. If you do not have access to a computer, you may hand write them, but please write clearly!

- ▶ Describe your spiritual journey (when and how you became a believer in Christ, your prayer life, Bible study and personal devotions, and your current relationship with Christ)
- ▶ What do you believe is necessary for salvation?
- ▶ Why are you interested in serving in the S.A.L.T. program?
- ▶ How would your participation be an encouragement to other students?
- ▶ How do you define leadership? How do you define service?
- ▶ Please finish these thoughts in your own words:
  - “Three things I know about God are...”
  - “The thing I think is most important in life is...”

**PARENT AUTHORIZATION** (This must be completed before application will be considered)

- √ I understand the possible risks and dangers involved in sports and other traditional camp activities and DO give permission for the above named camper to engage in all prescribed camp activities, except as noted by myself or my family physician. I DO hereby release Victory Ministries of Alaska, its employees, agents and camp staff from all claims, demands, actions, or causes of action for any sort of injuries sustained during the period covered by this release whether such injuries occur on or off the camp property.
- √ I have instructed my child to obey the rules of Victory Bible Camps.
- √ I hereby give permission for routine medical care, the facilitating of the camper’s prescribed medication and/or medical treatment to be initiated as required for his/her welfare and accept responsibility for the cost thereby incurred.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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*If you have any questions, please contact Aaron Meeuwsen at Victory Bible Camps  
Phone: 907-745-4203 ✉ E-mail: aaronm@vbc.alaska.org*



# Camper Health Form

Victory Bible Camps  
64741 S. Victory Rd.  
Sutton, AK 99674  
PHONE: (907) 745-4203  
FAX: (907) 745-4206

## Emergency/Alternate Contacts

Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ Sex: M F Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent 1 Name (custodial parent or guardian): \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_) \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_) \_\_\_\_\_

Where can you be reached during camp? \_\_\_\_\_

(If you plan to be out of town, please attach your itinerary and contact Nos.)

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Camper's Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physician's Clinic and Address \_\_\_\_\_

In case we cannot reach you, list two relatives or friends whom you authorize to act on your behalf, including health care decisions:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

Is there anyone in particular to whom your child must NOT be released or who we should be concerned about? YES  NO

If Yes - Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Immunization History

Please list dates for all of the following immunizations: EXACT DATES ARE REQUIRED - Please do not write "Up To Date"

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTaP (diphtheria, tetanus, acellular pertussis)	_____	_____	_____	_____	_____
Tdap (adolescent/adult prep)	_____	_____	_____	_____	_____
TB	_____	_____	_____	_____	_____
OPV/IPV (polio)	_____	_____	_____	_____	_____
MMR (measles, mumps, rubella)	_____	_____	_____	_____	_____
HepB (Hepatitis B)	_____	_____	_____	_____	_____
Hib (Haemophilus Influenza B)	_____	_____	_____	_____	_____
Varicella (chickenpox)	_____	_____	_____	_____	_____

## Current Medications

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. All drugs must remain in ORIGINAL PACKAGING that identifies the camper, prescribing physician (if prescription drug), the name of the medication, the dosage, and the frequency of administration. Loose pills and/or expired medications WILL NOT be accepted or administered. ALL INHALERS and EPI PENS TO BE IN ORIGINAL BOX WITH PRESCRIPTION LABEL.

PLEASE CIRCLE MEDICATION TIME(S)

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Breakfast Lunch Dinner Bedtime

Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Breakfast Lunch Dinner Bedtime

Reason for taking: \_\_\_\_\_

Med #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Breakfast Lunch Dinner Bedtime

Reason for taking: \_\_\_\_\_

### Over-the-counter Medications

Victory offers the following non-prescription medications on an as-needed basis. By law we must use our own supply.

By signing this form, you give your permission to administer these medications to your child. Please CHECK any medications you **DO NOT** want the Health Center to give to your child.

- |                                                  |                                           |                                                        |                                          |
|--------------------------------------------------|-------------------------------------------|--------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen(Advil) | <input type="checkbox"/> Triple antibiotic ointment    | <input type="checkbox"/> Throat spray    |
| <input type="checkbox"/> Hydrogen peroxide       | <input type="checkbox"/> Dimetapp         | <input type="checkbox"/> Hydrocortisone cream 1%       | <input type="checkbox"/> Calamine lotion |
| <input type="checkbox"/> Benadryl                | <input type="checkbox"/> Cough medicine   | <input type="checkbox"/> Bismuth tablets(Pepto Bismol) | <input type="checkbox"/> Visine          |
| <input type="checkbox"/> Sudafed                 |                                           |                                                        |                                          |

### Allergies and Allergic Reactions

Please list all known allergies and describe reaction and management of the reaction.

Medication Allergies	Reaction and management (ingestion, inhalation or contact)
_____	_____
_____	_____
Food Allergies	Reaction and management (ingestion, inhalation or contact)
_____	_____
_____	_____
Other Allergies (plants, insects, chemicals etc)	Reaction and management (ingestion, inhalation or contact)
_____	_____
_____	_____

### Mental, Emotional and Social Health - check all that apply

- Attention Deficit Disorder (ADD)  ADHD  Hyperactivity  Learning disability  Emotional health concern
- Psychiatric diagnosis \_\_\_\_\_ Other: \_\_\_\_\_

### General Health Questions

Yes No

- 1. Had any recent injury, illness, or infectious disease or a chronic recurring illness/condition?
- 2. Ever been hospitalized or had surgery?
- 3. Have frequent headaches? Migraines? Ever had a head injury?
- 4. Ever suffered with convulsions/seizures?
- 5. Does the child suffer from diabetes?
- 6. Wear glasses, contacts, or protective eye wear?
- 7. Ever had frequent ear infections?
- 8. Ever passed out or been dizzy during or after exercise?
- 9. Ever had back problems or problems with joints (knees, ankles, wrists, shoulders)?
- 10. Have an orthodontic appliance being brought to camp?
- 11. Have any skin problems (e.g. itching, rash, acne)?
- 12. Have problems sleepwalking or bed wetting?
- 13. Does the child have piercings? If so, where?

Please indicate the question number and explain any "yes" answers. You may use an additional sheet of paper.

\_\_\_\_\_

Describe any restrictions to child's activities while at camp.

\_\_\_\_\_

\_\_\_\_\_

## Permission To Treat

I attest that my child is in good health and able to actively participate in camp activities except as noted on this form. I take full responsibility to see that my child is properly prepared for camp including having proper clothes and equipment and being in good health.

I authorize the camp to provide routine health care, administer prescribed and over-the-counter medications for various problems except as I have noted above. I authorize the camp to share information in this Health Form with selected camp staff (counselor, health care & inclusion staff) and professional health care providers on a need-to-know basis.

In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatments; to release any records necessary for insurance purposes; to provide/arrange necessary transportation for my child. I give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child.

Signature of parent/guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Date \_\_\_\_\_



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### Applicant Information (to be filled out by the applicant)

Applicant's Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Is your relationship close enough that you truly have first hand knowledge of his/her character and habits?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I am only stating an opinion

Please assess the applicant in the following categories:	No Info	Weak	Fair	Average	Very Good	Great
Maintains a teachable attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses time wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusts well to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts and carries out work assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates mature relationships with the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider the applicant's strong points? \_\_\_\_\_

Please list some areas where the applicant could improve: \_\_\_\_\_

Please comment on the applicant's work ethic and initiative to get things done: \_\_\_\_\_

Please comment on evidence of the applicant's spiritual life: \_\_\_\_\_

Please comment on how consistent the applicant is in his/her character: \_\_\_\_\_

Please give your recommendation on the applicant for the S.A.L.T program:

- Highly recommend     Recommend     Recommend with reservation     Do not recommend

Comments: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_