2026 Staff Application Form

UNITED YOUTH CAMPS - PHILIPPINES
Sponsored by: United Church of God, *an International Association*

For office use only:

Date Received: _____

Deposit: _____

Payment: _____

Med. Consent Form: _____

Letter Sent? _____

Acceptance Status: _____

Remarks: _____

General Information

The **United Youth Camps** is a Christian camp organized by the United Church of God, an International Association, that provides youths with an environment that will demonstrate that God's way works as they develop toward maturity in all aspects of life. The United Youth Camps (Philippines) is open to youths between 13 and 18 years old who subscribe to the Church's fundamental beliefs and practices. Please see below for the camp schedule and site this year, or contact the Camp Director for confirmation.

Volunteer staff positions are vital to carrying out the activities of the United Youth Camps (UYC) program. UYC provides free board and lodging to staff volunteers. However, it is essential that applicants are of legal age, fully subscribe to the Church's fundamental beliefs and practices, exemplify model Christian behavior, and complete this application form to help us assess their qualifications for serving in this program. Thank you for your interest. We look forward to the possibility of your acceptance and the opportunity to work together in serving our youths. Please notify the Camp Director ahead of time of any change in your plans:
Mobile Number: 0917 718 1775 · Email: rey_evasco@ucg.org

Mailing Address: **UNITED CHURCH OF GOD, AIA PILIPINAS**
Commercial A, Visard Bldg.
21 Sen. Gil Puyat Avenue, Makati City

Camp Site: **Eden Nature Park, Davao City**
Camp Setup & Training: **May 27–29, 2026**
Camp Proper: **May 31–June 7, 2026**

Instructions:
1. Fill out this form including the attached *Health History and Examination Form* clearly and completely.
2. Attach a recent photograph of yourself (or click to insert your picture) in the shaded box below.
3. Submit the completed form to your Church Pastor on or before **March 7, 2026**, and wait for the approval.

Applicant's Full Name: *(Last)*	*(First)*	*(Middle)*			
Complete Mailing Address					
Cell./Phone Number	Birth Date	Age	Gender ❑ *Male* ❑ *Female*	Height	Weight
Civil Status or Name of Spouse, *if Married*			No. of Children	Ages of Children	
No. of times you attended summer camps _____ *as camper* _____ *as staff*		Church Area/Pastor*		Date of Baptism	

IMPORTANT

Please attach a recent photo of yourself here.

(Size: 2 x 2 in.)

* If not attending a UCG congregation, please indicate your

UCG contact's name: _____

Present church affiliation: _____

Adult T-shirt size: ❑ *S* ❑ *M* ❑ *L* ❑ *XL*

Please rank the activity you can serve in, or fill in the blanks for other activities you may wish to serve in: ➔

Outdoor/Sports	Workshops	Services
☐ Dance	☐ Song Leading	☐ Counselor/Asst.
☐ Basketball	☐ Public Speaking	☐ First Aid
☐ Soccer	☐ Flower Arranging	☐ Kitchen/Dining
☐ Pickleball	☐ Cooking & Baking	☐ Laundry
☐ Swimming	☐ Basic Webcasting	☐ Wilderness
☐ _____	☐ Computer	☐ Setup/Maintenance
☐ _____	☐ _____	☐ Transportation

Why would you like to serve in the United Youth Camps?

_____

_____

_____

_____

Educational Background:

Years Attended	Course/Degree	Institution	Distinctions & Awards

Employment Record:

Period of Employment	Position	Company/Employer	Reason for Leaving

Summer Camp Experience:

Location of Camp	Year	Position & Responsibilities	Distinctions & Awards

Special Skills, Training, and Other Awards:

_____

_____

Law Record

Have you ever been convicted of adult or child abuse, child molestation, child neglect, sexual assault, rape, or any other sex offences; or have you ever been convicted of any other crime? ❑ Yes ❑ No *If you checked 'Yes,' please explain below:*

Health & Fitness Record

The United Youth Camps Program requires staff volunteers to engage in a wide range of rigorous and physically challenging activities. Good health and fitness are essential. Does the applicant have any physical or mental handicap which would prevent vigorous physical activity? Has the applicant had any nervous disorder, such as hysteria, fainting spells; allergies; or recent contagious illness/es; etc.?

❑ Yes ❑ No *If you checked 'Yes,' please explain below:*

AGREEMENT AND RELEASE

All United Camps maintain a high standard of conduct and dress code based on Godly principles. These standards and rules include but are not limited to: No possession or use of alcohol, tobacco, or illegal drugs; no sexual misconduct, disorderly conduct, profanity; no theft, destruction of property; or refusal to cooperate fully with camp and program personnel. Jewelry for body piercing (other than a pair of earrings for girls), short shorts, midriffs, halter tops, or wearing inappropriate apparel (or the lack thereof) will not be allowed. Except for pocketknives—firearms and other deadly weapons, even though they might be legally possessed, are not allowed within the camp or in any of its activities. Campers and staff who do not comply with these rules and standards, or whose conduct or attitude undermines the positive environment and objectives of the camp, are subject to disciplinary action and dismissal. Under such cases (if any) the individual concerned will be sent home at his or her own expense, apart from being accountable for moral and legal liabilities if any. Dismissal is very rare, and we hope this notice will prove to be totally unnecessary.

Certification: I certify that the answers given by me herein are complete, true, and accurate to the best of my knowledge and ability. If necessary, I hereby authorize the companies, schools, or persons named herein to give information related to the statements entered herein. I hereby release said entities from liability or damage arising from releasing said information. I also understand that information obtained will be treated with confidentiality.

Quitclaim: *This quitclaim must be completed in order for you to serve in the UYC program.*

I/We, the undersigned, whose name (and picture) appear on this application, and who is voluntarily participating in the United Youth Camps being sponsored by the United Church of God; hereby consent to release the Council of Elders, Board of Trustees, its officers, agents, employees, assistants, and other entities hereinafter collectively called the "Church", from all actions, claims or demands which I/we may hereafter have, arising from unfortunate incidents not covered by insurance. I/We agree not to sue, and to indemnify and hold harmless, the Church from any loss or expense that may be incurred. I/We execute this quitclaim for any and all legal purposes it may serve. In the event only one person signs, the plural pronouns shall be deemed as singular.

Applicant's Signature	Date	Spouse's Signature (if applicable)	Date

UCG Pastor's Evaluation:

❑ *Highly Recommended* ❑ *Recommended* ❑ *Satisfactory* ❑ *Not Recommended*

Comment: _____

Name _____ (For camp use)	**Staff / Camper** (Circle one)	**Dorm** _____ (For camp use)	**Year** _____ (For camp use)

Health History and Examination Form

for *United Youth Camps*

Sponsored by:

United Church of God, *an International Association*

This form must be completed (all 4 pages) by each person attending camp, or in the case of minors, by their parents or guardians. Please PRINT clearly.

Personal Information

Applicant's Name: _____ ❍ Male ❍ Female Birth Date: ____/___/_____
First Middle Last Gender

Address: _____ Phone: (___) _____

Parent/Guardian or Emergency Contact: _____ Relationship: _____

Telephone: (____) _____ (____) _____ (____) _____
Home Work Other

Second Parent/Guardian/Emergency Contact: _____ Relationship: _____

Telephone: (____) _____ (____) _____ (____) _____
Home Work Other

Insurance Information

The Church's no-fault accident insurance is optional, or if current, is limited and secondary to any other collectible insurance. Please furnish the following medical and insurance coverage information:

Insurance Company: _____ Policy or Group # _____

SSS Number of Policyholder or Insurance ID Number: _____

Insurance Phone # (____) _____ Address: _____

Family Physician: _____ Phone: (____) _____

Address: _____

Family Dentist/Orthodontist: _____ Phone: (____) _____

Address: _____

Medical History

Many activities such as sports and challenge courses require participating in physical exercises that are physically demanding. Do you have health problems or disabilities that might hinder you from participating fully in camp activities? ❍ **Yes** ❍ **No**

If *yes*, please describe in detail (attach note if necessary): _____

_____

_____

_____

Do you have any severe allergies (including food allergies) or any other condition or limitation that could affect your camp experience? ❍ **Yes** ❍ **No** If *yes*, please explain (attach note if necessary): _____

_____

_____

Are you allergic or sensitive to any medicine or other substances? ❍ **Yes** ❍ **No** If *yes*, please list and describe the reaction and its management: _____

_____

Medications Being Taken

Are you taking any medications (including over-the-counter or other nonprescription drugs) routinely? ❍ **Yes** ❍ **No**

If *yes*, please list all medications (including over-the-counter or other nonprescription drugs) taken routinely. Be sure to bring your medication with you in the original packaging that will identify the doctor, the dosage and the frequency of administration:

Medication	Dosage	Frequency	Reason for Taking

Health History *(Explain any 'yes' answers below)*

Has/does the participant:	**Yes**	**No**		**Yes**	**No**
1. Had any recent injury, illness or infectious disease?	❑	❑	13. Have an orthodontic appliance being brought to camp?	❑	❑
2. Have chronic or recurring illness/condition?	❑	❑	14. Have any skin problems (e.g., itching, rash, acne)?	❑	❑
3. Have frequent headaches?	❑	❑	15. Have diabetes?	❑	❑
4. Wear glasses, contacts or protective eye wear?	❑	❑	16. Have asthma?	❑	❑
5. Ever had frequent ear infections?	❑	❑	17. Had mononucleosis in the past 12 months?	❑	❑
6. Ever passed out during or after exercise?	❑	❑	18. Have problems with sleepwalking?	❑	❑
7. Ever been dizzy during or after exercise?	❑	❑	19. Have a current history of bed-wetting?	❑	❑
8. Ever had seizures?	❑	❑	20. Have an eating disorder?	❑	❑
9. Ever had chest pain during or after exercise?	❑	❑	21. Ever had emotional or mental difficulties for which professional help was sought?	❑	❑
10. Ever had high blood pressure?	❑	❑			
11. Ever been diagnosed with a heart murmur?	❑	❑			
12. Ever had back problems?	❑	❑			

If you checked '*yes*' to any of the above, please write the question number and explain:

_____

_____

_____

Which of the following has the applicant had? *(Check each one that applies)*

❑ Measles ❑ Chickenpox ❑ German measles ❑ Mumps ❑ Rheumatic Fever
❑ Hepatitis A ❑ Hepatitis B ❑ Hepatitis C ❑ TB Test (*Date:* _____ *Pos or Neg?* _____)

Immunizations *(Fill in the dates for any of the following immunizations applicant has had)*

Immunization	Date Last Received	Immunization	Date Last Received
DPT		Mumps	
TD (tetanus/diphtheria)		Rubella	
Tetanus		Gamma Globulin (Hepatitis)	
Polio		Chickenpox	
German Measles		Smallpox	

Note: A record of immunizations is for informational purposes. Immunizations are not a required prerequisite for acceptance to or attendance at camp. If a camper has not been immunized, however, and one of the above-named communicable or contagious diseases is found in camp, he or she will be subject to the regular quarantine or isolation procedures of the camp and of the community for children who are not immune.

ADULT APPLICANT: I certify that to the best of my knowledge this health history is correct and complete, that I am in good health and able to participate in this event/assignment.

Adult application signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION:

This health history is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except as noted. I understand that if any statement in this Health History is false, misleading or incorrect; or the Church is unable, in its sole judgment, to properly care for or protect my child (due to his/her medical condition), he or she may be sent home at my expense.

Parent signature _____ Printed Name _____ Date _____

PARENTAL NOTIFICATION POLICY:

United Youth Camps policy is that parents will be contacted: 1) anytime the nurse or a physician deems necessary; 2) anytime a camper is taken to see a physician, dentist or emergency personnel for an accident or illness; 3) when an illness lasts longer than 24 hours.

Important - These boxes must be completed for attendance

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the available medical personnel at the camp to administer prescribed medications and provide routine or alternative health care. In the event of an accident/illness, I consent to the administration of emergency on-site first aid by trained personnel. If I cannot be reached in an emergency, I hereby give permission to the camp medical personnel to secure and administer treatment, including hospitalization, for the person named above. This authorization includes consent to any medical, emergency, dental, surgical, naturophatic, or hospital diagnosis, treatment or care to be rendered to or for me/or my child under the general or specific supervision of a qualified physician, surgeon, naturopathic doctor or dentist. It also includes permission to release any records necessary for supervision, treatment, referral, billing or insurance purposes and to provide or arrange necessary related transportation. I understand and agree that all the foregoing will be at my expense. (This consent shall terminate without further notice on the date when a minor reaches 18 years of age at which time such individual assumes his adult responsibilities.) This completed form may be photocopied for trips out of camp.

Parent/guardian (or adult camper/staff) signature _____

Printed Name _____ Date _____

➢ **If medication for life-threatening conditions is brought to camp (epi pen, inhaler, etc.) I hereby request that said medication remain with:** ❑ **UYC Personnel** ❑ **My Child** *(Please check one)*

I understand that accommodating some medical conditions or disabilities may not be ideal and may differ depending on the activity. Therefore, if I am accepted, I agree to abide by any restrictions which may be placed on my camp activities that the camp staff feels are necessary for my comfort or safety or that of my fellow campers of staff.

Camper/Staff signature _____ Date _____

Special note about medication:

Please note that if your camper will be bringing **ANY** medication to camp, including all prescription, over the counter, and herbal remedies, the following rules will need to be followed:

1) All medications must be in their original packages. i.e., prescriptions in the prescription bottle, Tylenol in the Tylenol bottle, herbs in the bottle that they were originally bought in.
2) All medications must be accompanied by written and signed instructions for administration (the prescription on the bottle will be fine unless doses or times have changed).
3) Any nonprescription bottles must have the camper's name written on them (prescription bottles must be for that camper).

PLEASE help us to take good care of the precious and wonderful campers that you have entrusted to us! —*UYC Nursing Staff*

MEDICAL EXAM / RECOMMENDATION AND RESTRICTIONS (Exam to be done within 2 months of arrival at camp)

Applicant's Name: _____ **Birth Date**: ____/___/_____

I have examined the above named participant on ____/___/_____ (date). BP _____ Weight _____ Height _____

In my opinion, the above applicant: ❑ is ❑ is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions _____

_____

Current treatment at the time of this report includes _____

_____

Recommendations and Restrictions at Camp

Treatment to be continued at camp _____

_____

Medications to be administered at camp (name, dosage, frequency) _____

_____

Any medically-prescribed meal plan or dietary restrictions _____

_____

Known allergies _____

_____

Description of any limitation or restriction on camp activities _____

_____

Additional information for health care staff at camp _____

_____

Signature of Licensed Medical Personnel _____

Printed Name _____ Title _____

Address _____

Phone _____ Date _____ Lic # _____

Screening Record ***(for camp use only)***

Date screened _____ Time _____ Meds received _____

_____

Updates/additions to health history noted? ❑ Yes ❑ No ❑ None required

Current health needs identified _____

_____

Observational notes _____

_____

Screened by _____