

2026 Idaho Youth Camp Staff Application

June 8-11 2026, Application & required forms deadline is 5/25. We are working to obtain sponsorships again this year so that our staff will not have to pay a tuition fee. Please note that if your application is received after 5/25, you will need to pay a \$50 late processing fee. If received after 6/2 the fee will be \$100.

In addition to this application you will need to submit the Code of Conduct, Medical Agreement, and the Policy and Non Disclosure Agreement.

If you are new staff you will need to fill out a background consent (unless you're a licensed minister).

You can mail your app & forms to Camp Directors & Coordinators Steve & Kris McFate at 758 E Huckleberry Ct. Kuna, ID. 83634
or email them to IdahoYouthCampCOGOP@gmail.com

Applicant's Last Name _____ **First Name** _____ **Date of Birth** _____ **Gender:** **Adult Unisex T-shirt sz**
_____ M _____ F S-XXXL _____

E-mail: _____ Phone#: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Full Name: _____ Phone#: _____

Relationship to Camper: _____

Emergency Contact Full Name: _____ Phone #: _____

Relationship to Camper: _____

In the case of an emergency who should we call first?: _____

Year/Age Saved: _____ Year/Age Sanctified: _____ Year/Age filled with the Holy Spirit: _____ Current Church: _____

Pastor's Name & Ph#: _____ Current Leadership position(s): _____

Past Leadership: _____

Previous Youth Camp positions: _____

Positions interested in: _____

All prescription medication **MUST** be prescribed to the applicant, in original packaging, and not expired. All medications for Campers (whether prescribed or Over-The-Counter will be turned into the Camp Nurse to be administered, No Exceptions. If your child is taking a daily OTC medicine please include it, allergy medication needs to be supplied by the camper. Please bring your medications in a ziploc type bag. The Nurse will provide Tylenol, Ibuprofen, antacids, allergy cream, etc.

Place X in correct answer, I take medications Yes No **IF YES LIST CURRENT MEDICATIONS BELOW:**

Name of Medication	Dosage	Schedule (time, meal, bedtime, etc.)

Health History: Circle Yes or No, if you select yes, circle current or past and describe any effects or concerns of the condition.

Condition		Condition		Condition		Condition	
Anxiety or Depression	YES or NO Current or Past	Recurrent Headaches	YES or NO Current or Past	Cardiac Disease or Issues	YES or NO Current or Past	Diabetes I or II	YES or NO Current or Past
Epilepsy or Seizures	YES or NO Current or Past	Asthma	YES or NO Current or Past	Frequent Colds	YES or NO Current or Past	Frequent Ear Infections	YES or NO Current or Past
Ear, Nose, or Throat issues	YES or NO Current or Past	Spinal or Joint Injuries or Disease	YES or NO Current or Past	Stomach or Intestinal Issues	YES or NO Current or Past	Dizzy Spells or Fainting	YES or NO Current or Past
Eating Disorders	YES or NO Current or Past	ADD or ADHD	YES or NO Current or Past	Bed Wetting	YES or NO Current or Past	Home Sickness	YES or NO Current or Past

For any "yes" answers please explain as needed. List any conditions not covered and any recent operations or illnesses.

Allergy Type	Circle Yes or No	Specify allergy	Explain symptoms
Food	Yes or No		
Medication	Yes or No		
Environmental	Yes or No		
Other	Yes or No		
Describe any special dietary needs (Gluten Free, Vegetarian, other) and/or list additional medications here:			
Please include a copy of the front & back of your medical insurance card in the space below or on a separate sheet of paper; OR I have no insurance_____			

Office Use Only	Date Received	Received By:	Date Meds Received or n/a:	Meds Received By:
Date full tuition received: _____	_____	Date \$25 non-refundable deposit received if separate: _____	Payment Received: _____ Cash _____ Online _____	Additional Payment dates/amounts _____
Checklist of required signed forms (date received & initials of who received): _____ Code of conduct _____ Parent permission form _____				
For campers 18 yrs or older the following extra forms are required: _____ Pastor's Reference _____ Background consent _____				