

SIMBA Adult Lab Application  
Waypost Camp – Hatley, Wisconsin



# **SIMBA**

## Safe In My Brothers' Arms

### Adult Lab Application

SIMBA Adult Lab offers African American men (ages 18+) a safe space to examine their lives, their choices, and their futures. Based on a rites of passage model, the camp takes men through a process to determine if they are eligible to become leaders within the organization, and lifts up the power and promise of African and African American culture and heritage.

**Participant Cost: \$600.00**

**SIMBA Program Dates in Hatley, WI**  
**June 30 – July 8, 2018**

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[www.rescuereleaserestore.org](http://www.rescuereleaserestore.org)

Legal Name: \_\_\_\_\_  
Last First Middle

Nickname/Chosen Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Birth Date: \_\_\_\_\_ Present Age: \_\_\_\_\_  
Month day year

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

How did you find out about SIMBA?  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience working with children or youth? Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please identify gifts, experience, training, and certifications received:

	Check or provide Expiration Date		Check or provide Expiration Date
Responding to Emergencies, First Aid	_____	CPR Certification	_____
Lifeguarding	_____	Water Safety Instruction	_____
Basic Water Safety	_____	High Adventure Activity	_____
Singing	_____	Instruments played	_____
Other (identify) _____	_____		

Are there any additional gifts you feel you have to offer to the camp community?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a time when you had a conflict with someone outside your community:

What was the conflict? Who was involved? What was the outcome? What did you learn?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a time when you put the needs of another or others ahead of your own:

What was the situation? What was the relationship between you and the other person(s)?

How did you handle the situation? What did you learn?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list previous work history, including any camp experience or working with children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional contacts in case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Health History**

Heart Defect/Disease      \_\_\_yes \_\_\_no

Asthma                              \_\_\_yes \_\_\_no

Ear Infections                      \_\_\_yes \_\_\_no

Seizures                              \_\_\_yes \_\_\_no

Bleeding/Clotting Disorders    \_\_\_yes \_\_\_no

Sickle Cell                            \_\_\_yes \_\_\_no

**Allergies:**

Pollen/Hay Fever                \_\_\_yes \_\_\_no

Bee/Wasp Stings                 \_\_\_yes \_\_\_no

Penicillin                            \_\_\_yes \_\_\_no

Other Drugs: \_\_\_\_\_  
\_\_\_\_\_

**I have been exposed in the past 10-14 days to:**

Monkey Pox                        \_\_\_yes \_\_\_no

Chicken Pox                        \_\_\_yes \_\_\_no

Measles                              \_\_\_yes \_\_\_no

Mumps                                \_\_\_yes \_\_\_no

**Things To Watch For:**

Phobias/Fears                    \_\_\_yes \_\_\_no

Explain: \_\_\_\_\_

Short Temper                      \_\_\_yes \_\_\_no

Emotional Problems            \_\_\_yes \_\_\_no

Explain: \_\_\_\_\_

Prescription medication currently taking: \_\_\_\_\_  
\_\_\_\_\_

Non-prescription medication currently taking: \_\_\_\_\_  
\_\_\_\_\_

I affirm that this medical information is true:

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

**Health Care Providers**

Physician: \_\_\_\_\_ phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ phone: \_\_\_\_\_

Medical/Hospital Insurance Carrier: \_\_\_\_\_

Phone Number: \_( ) \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD**

\_\_\_ **I have no medical/hospital insurance**

**PERMISSION FOR MEDICAL TREATMENT**

I, the undersigned, have read and understand this entire form. My health history is accurate and complete to the best of my knowledge, and I can engage in all activities, except as specifically noted on this form by me. I understand that in an emergency it may be necessary to seek treatment at a local hospital or clinic, and hereby consent to such treatment, and authorize the release of any and all medical records concerning my care.

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Signature

Date

**MEDIA RELEASE FORM**

I give permission to be photographed, videotaped, and/or audio taped for The SIMBA Circle or Waypost Camps.

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Signature

Date

**BEHAVIORAL AGREEMENT**

I understand that if I do not adhere to The SIMBA Circle or Waypost Camps' guidelines, I will be sent home at my expense.

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Signature

Date

**Must provide three references**

**Reference 1**

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

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Reference 2**

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

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Reference 3**

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

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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\*Have you ever been convicted of child neglect, child abuse, or any other offense involving a child?

No  Yes If yes, explain:

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I certify that this information is true to the best of my knowledge.

\_\_\_\_\_  
Signature:

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



[www.rescuereleaserstore.org](http://www.rescuereleaserstore.org)

\*If selected, we will be doing a background check, which will reveal your entire police record.

**The Simba Circle Camp  
Packing List**

**Keep this information for your records - do not return with registration fee**

Please check the items off as you pack them. Do not bring your best clothes to camp! We are not responsible for clothing or any items left behind when you return home from camp.

Please bring:

___ sleeping bag OR sheets & blanket	___ pillow	___ soap
___ toothbrush	___ toothpaste	___ deodorant
___ towel	___ washcloth	___ comb
		___ brush

\_\_\_ 10 to 12 pairs of shorts/ long pants

\_\_\_ 10 to 12 shirts

\_\_\_ 10 to 12 pairs of underwear

\_\_\_ 10 to 12 pairs of socks

\_\_\_ extra pair of shoes/boots

\_\_\_ a jacket/sweatshirt

\_\_\_ cap/hat

\_\_\_ flashlight

\_\_\_ insect repellent

\_\_\_ Bible

**DO NOT BRING...**  
**MONEY**  
**JEWELRY**  
**ANYTHING ELECTRONIC**  
**(cell phone, DSi, mp3 players, ipad etc.)**  
**TOYS OF ANY KIND**

**No drugs, cigarettes, or alcoholic beverages are permitted. Anyone bringing these items will be sent home at your family's expense!**