



# Camp Blessing 2010 Adult Staff Application Form

Since 1963

**“an Experience in Christian Living.”**

Thank you for supporting Camp Blessing and for your willingness to serve. Camp Blessing's goal is to promote Christian ideals by conducting camps and retreats. If you haven't worked at our camps before, we will run a background check to insure the safety of our campers. Information provided on this form will be kept confidential to protect your privacy.

**Applicant Information** Note: Staff must submit an Adult Staff Application & Health History (pages 1 & 2) **each year.**

Name of Applicant \_\_\_\_\_  
 Camps/Retreats serving \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Birth (MM/YYYY) \_\_\_\_\_ SS# \_\_\_\_\_ Email \_\_\_\_\_  
 Previous address (if moved within 2 years) \_\_\_\_\_

**Employment History** Please list most recent first

Employer Name	Dates	Position/Duties	Supervisor Name & Phone

**Additional Experience** Please list Volunteer, Teaching, and other Leadership experience, especially with children.

Institution/Organization	Dates	Position/Duties	Supervisor Name

**Education** Please list most recent first.

Institution	Dates attended	Degree or area of study	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>

**Photo Release** By signing below you grant Camp Blessing permission to use photos of yourself in Camp publications, such as brochures, web site, & camp reports.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information and Health History

Please include detailed information that the Camp Director, Staff & Nurse should be aware of. Camp Blessing cannot be held liable if accurate medical information is not disclosed. All campers must have a current physical on record. Please use the Physical Form if the physical on record is older than 24 months. All forms are available at [www.campblessing.com](http://www.campblessing.com)

**Medical record for** (Name) \_\_\_\_\_

### Health History Please check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Seizures                  | <input type="checkbox"/> Diabetes           |
| <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Ear Infections            | <input type="checkbox"/> Hypertension       |
| <input type="checkbox"/> Heart Disease/Defect      | <input type="checkbox"/> Asthma             |
| <input type="checkbox"/> Musculoskeletal Disorders |   |
| <input type="checkbox"/> Other _____               |   |

**Dietary Restrictions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Allergies Please check all that apply

- |  |
|--|
| <input type="checkbox"/> Food _____            |
| <input type="checkbox"/> Drug _____            |
| <input type="checkbox"/> Animals _____         |
| <input type="checkbox"/> Insect Stings _____   |
| <input type="checkbox"/> Plant/Pollen/Seasonal |
| <input type="checkbox"/> Hay Fever             |
| <input type="checkbox"/> Other (Specify Below) |
- \_\_\_\_\_
- \_\_\_\_\_

### Emergency Contact Information Volunteers

MUST have two emergency contacts to attend camp

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Medication List all prescriptions, over-the-counter meds, vitamins & supplements. All medications should be listed separately

Medication Name	Dosage	Frequency/ Time of day
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**Note:** All prescriptions, over-the-counter medications, vitamins, and herbal supplements MUST reported to the Camp Nurse on arrival to determine administration.

### Permissions Please **initial the line to the left** of each statement, then sign and date the bottom.

All staff MUST provide authorization to stay & participate at Camp Blessing.

\_\_\_\_\_ I grant permission for any emergency treatments (including medical, surgical, anesthesia or other procedure) deemed necessary for the **staff listed above** during his/her stay at Camp Blessing. It is understood that emergency treatment will be performed in a nearby hospital.

Health Insurance Provider \_\_\_\_\_ ID# \_\_\_\_\_

Group # \_\_\_\_\_ Phone/Approval # \_\_\_\_\_

\_\_\_\_\_ This medical history is correct so far as I know.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Background Check and Personal Information

Please include detailed information that the Camp Director should be aware of. Camp Blessing respects your privacy and will take steps to insure all information provided here is kept confidential.

**Information for (Name)** \_\_\_\_\_

**References** Please list three personal references who can speak to your ability and character.

Name	Position/ Occupation	Years known	Phone
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Name	Position/ Occupation	Years known	Phone
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Name	Position/ Occupation	Years known	Phone
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**Criminal History** If you are able to answer YES to any of these questions, full disclosure is required.

Yes  No  Have you ever been convicted of a felony?

Yes  No  Does there exist on record allegations or grievances against you, whether proven or not, pertaining to mistreatment of children, inappropriate language/ behavior, or misuse of authority?

Yes  No  Are you a registered sex offender?

Yes  No  Do you have any traffic violations (other than parking tickets) in the past five years?

**Driver's License** Number \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

## Religious / Spiritual History

Home Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Yes  No  Have you accepted Jesus Christ as your personal savior?

Yes  No  Are you new to Camp Blessing? How did you hear about Camp Blessing? \_\_\_\_\_

Yes  No  Would you like to become a member of Camp Blessing?

**Authorization to Release Information** By signing below, you give Camp Blessing permission to issue a criminal background check, and contact all employers and references listed.

I have offered to be a volunteer for Camp Blessing, Inc. and to qualify for same, I hereby authorize a criminal background check, any present and any prior employer and any organization for which I have worked or volunteered, to release to Camp Blessing, Inc., and its representatives any information requested.

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

**Exceptions and Limitations** Please list special considerations you may need while at Camp. Camp Blessing wishes to provide the best possible experience for all who attend. Include any serious physical, behavioral, or mental condition, or recent experiences the Director should be aware of.

\_\_\_\_\_

**Where to return Applications and Forms** For Camps and Retreats in

**CA:** David Karavas, 20914 Rancherias Rd, Apple Valley, CA 92307; (760) 247-8252

**VT/NH:** John Polychronis, P.O. Box 1681, Dover, NH 03821; (603) 335-6382

**WI:** Sara Lenzner, 822 N. 3<sup>rd</sup> Ave, Wausau, WI 54401; (715) 842-8499