



2009 Adult CIA & Medical Team Application

Please attach a recent photo here!!

If you are under the age of 30, please complete either the "First-time CIA" or the "Returning CIA" application.
If you are attending with a church group, please get your application from your group leader.

CAMP BARNABAS IS A NON-DENOMMINATIONAL CHRISTIAN SUMMER CAMP THAT MINISTERS TO PEOPLE WITH SPECIAL NEEDS AND THEIR FAMILIES. OUR CAMP IS LIKE ANY SUMMER CAMP WITH THE USUAL FUN-FILLED ACTIVITIES ALL DAY LONG. WE ADAPT ALL OF OUR ACTIVITIES TO MEET THE NEEDS OF EACH INDIVIDUAL CAMPER. THIS SUMMER WE WILL SERVE ABOUT 1,200 CAMPERS WITH THE HELP OF OVER 1,600 CHRISTIAN IN ACTION VOLUNTEERS LIKE YOU!

STATEMENT OF FAITH: *We believe God Almighty to be our Creator and Heavenly Father and His son Jesus Christ to be our Lord and Savior. We also believe the Holy Bible to be His inspired Word, and as such is our final authority for faith and life. It is our purpose to teach His Word and to glorify God in all we do.*

We require all (non-medical team) participants to pay \$170 (\$185 for every one 18 years and older due to an additional cost for a criminal background check) to help cover the cost of their food, lodging and insurance while serving in our program. All medical team participants are required to pay the \$50 application fee and \$15 for a background check as well as the \$50 application fee for each child attending camp. This fee is a great help to the overall budget and means that more campers hear the message of Jesus Christ. You should consider your work here a mission trip. And as with any mission trip, there is some expense involved. To apply for a position, mail your completed application, including the \$50 application fee and \$15 criminal background check fee to Camp Barnabas at the address below. Even if you have been to Camp Barnabas before, we must have a current background check on file for you yearly. The remaining balance of \$120 can be paid either before or upon your arrival at camp. If you are applying for more than one week, the cost is \$100 for each additional week. Your application will not be considered without the \$50 application fee, the \$15 background check fee and the completed background check form. Thank you for helping us help the families we serve.

One way to make the most of your experience at Camp Barnabas is to either donate or raise a camper scholarship. If you choose to donate or raise \$600 to cover the cost of one camper's tuition, we will absorb the cost of your CIA participation fees. That means for \$600 you get to give a child a great week of camp and your week is covered too! If you are interested in the opportunity of giving a camper the experience of a life-time, you can call the camp office or send an email to laura@campbarnabas.org to request a fundraising packet.

Full Name: _____ Male/Female: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Place of Employment: _____ Work Phone: () _____

Date of Birth: _____ Age at Time of Camp: _____ Social Security #: _____

University you attended or Occupation: _____

Previous Camp Barnabas Experience? _____

How did you hear about Camp? _____ T-Shirt Size: _____

- _____ **Term 1 Adult Friends**—May 31st ~ June 7th: Developmentally Disabled, ages 18 & up
- _____ **Term 2 Challenge Week**— June 8th ~ June 15th: Physically Disabled, ages 7-17
- _____ **Term 3 Young Friends**— June 16th ~ June 23rd: Autism/Developmental Disabilities, ages 7-15
- _____ **Term 4 Champions**— June 24th ~ July 1st: Physically & Developmentally Disabled, ages 7-17
- _____ **Term 5 Heroes Week**— July 6th ~ July 13th: Autism/Developmentally Disabled, ages 16-25
- _____ **Term 6 Eagles in Flight**— July 14th ~ July 21st: Oncology, Burn Patients, Chronic Illness, Diabetes, Sickle Cell, Hemophilia and Amputees ages 7-17
- _____ **Term 7 Bridge Builders**— July 22nd ~ July 29th: Autism/Developmentally Disabled, ages 7-17
- _____ **Term 8 Sensational Week**— July 30th ~ August 6th: Blind/Visually Impaired or Deaf/Hard of Hearing ages 7-25
- _____ **Term 9 Adventures Week**— August 7th ~ August 14th: Physically Disabled ages 16 & older

The terms are listed to the left. Please clearly mark your 1st, 2nd, and 3rd choice of terms you want to attend. The dates listed are the days on which you will need to arrive and depart from camp. All campers arrive the day after the CIAs so that there is plenty of time for training. We accept the siblings of our campers with special needs to attend all terms accept terms 1, 5 and 9.

Adult CIA Application

On this page, you will find information about Camp Barnabas and the program we run. And we hope to find out information about you as well. Please complete this section thoroughly and honestly. If you have any questions about any of the information you read here, feel free to contact Laura Edwards, the volunteer coordinator.

Although we do not require that our volunteers profess to be Christians, we hope that you understand that we are founded on and run camp based on Christian, biblical principles. We begin each day with a devotional time, we pray many times throughout the day, we try to incorporate the Lord in all things we do daily, as well as ending each day with praise & worship and biblical teaching. Please be respectful in participating and we ask that you would uphold our values while at Camp.

Why do you want to serve at Camp Barnabas?

Unless you are part of the Medical team, please clearly mark your 1st, 2nd, and 3rd choice for positions at Camp Barnabas

_____ Cabin Mom/Dad: As a cabin mom/dad some of your primary responsibilities include, but are not limited to: encouraging every member of the cabin, both campers, counselors and staff, doing camper laundry, assisting with camper needs such as bathing, changing, dressing, and feeding, being an excellent role model for cabin members, and assisting the cabin staff in any other way. This position requires extreme dedication. Our staff members are counting on you to be flexible, prayerful, and supportive in everything you do.

_____ Cook's Helper: Our kitchen needs your help! We will be cooking for close to 500 people every meal this summer. That is a lot of work and we would love for you to help out. As a cook's helper you can plan on assisting with chopping, stirring and helping keep the kitchen sanitary and organized. No gourmet skills are needed, just a hard work ethic and a desire to serve others.

_____ Maintenance Team: If you want to get your hands dirty and help keep things running around camp, this is the job for you. You may be asked to mow, weed-eat, pull weeds, move rocks, or do some "handy-man" tasks such as changing light bulbs and air-conditioning filters. Bring your work gloves and a willingness to work hard.

_____ Health Center assistant: If you like the medical setting, but are not a licensed medical professional, you can apply to work in the health center to do various tasks such as assisting the medical team, running errands, and helping to keep the health center stocked and organized.

_____ Arts and Crafts assistant: Do you have creative mind and helpful attitude? You may choose to apply for this position that will allow you to assist our campers in arts and crafts.

Please understand that we will try our hardest to give you your first choice of jobs, but please come to camp prepared and willing to do any job that is asked of you. We are confident the Lord will use you anywhere, if only you are willing.

_____ Medical Team: Please check here if you are applying for a position as either an MD, RN or LPN. These are the only health professionals we accept on our medical team. Please complete the "Medical Team" section on the next page.

What are some of your work or personal experiences that you feel make you qualified for the positions you are applying for?

All adult living accommodations at Camp Barnabas are air-conditioned and are separate from campers and counselors. You will be required to share your living space and bathroom facilities with other adults. At this time, we are unable to accommodate married couples living in the same room. Are you going to be comfortable with these accommodations? If not, please explain. _____

Do you have any physical or mental complications that would hinder you from being able to do any of the following: walking long distances on uneven terrain, pushing wheelchairs, running, or carrying/lifting heavy objects? Do you have any psychological, mental or health issues that you have received therapy, treatment, or medication for in the last 12 months. Is there anything about your medical condition we need to know prior to you coming to camp? _____

MEDIA RELEASE

(Must be signed by everyone at Camp)

Camp Barnabas has my permission to use pictures taken of myself and/or verbal quotes for fundraising and publicity purposes. Consent is given to Camp Barnabas, its Directors, employees, agents, and cooperating entities to use my, name, picture, likeness, writings, or audio or videotape recordings for use in any media for educational, promotional, or advertising purposes in furtherance of the purposes and objectives of Camp Barnabas without compensation for such usage.

Signature: _____ Date: _____

TRANSPORTATION POLICY

We do provide transportation to and from the Springfield, MO airport and the Northwest Arkansas airport for a round trip fee of \$50. If you are interested in using this service, just send an email with your flight itinerary to laura@campbarnabas.org at least 20 days prior to your scheduled arrival at camp.

HEALTH INFORMATION

Person to contact in case of emergency:

Name: _____ Relationship: _____

Day Phone: () _____ Evening Phone: () _____

Alternate Person to Contact: _____ Relationship: _____

Day Phone: () _____ Evening Phone: () _____

Insurance Company: _____ Policy #: _____

Member Name: _____

List any health conditions such as: depression, asthma, diabetes, Crohn's Disease, special diet, etc.

Please list any allergies such as medications, foods, bee stings, etc.

Year of Last Tetanus Shot: _____ Have you had the Chicken Pox or the Vaccine? _____ If yes, when? _____

To the best of my knowledge, the above information is accurate and complete. I have full permission to participate in all camp activities, and I am in good health. I give permission to the physician selected by the Camp Director to order x-rays, routine tests, and treatment for my well being. In the event of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia or surgery. I give permission for the Camp RN to administer over-the-counter or prescription medication as directed. I understand that the cost of medical care is covered by the camp only up to the amount of \$2,500. Any claim in excess of this amount is my responsibility.

Signature: _____ Date: _____

MEDICAL TEAM

If you are applying as a member of the medical team, please complete all of the information below

Circle your medical position: Registered Nurse—RN Licensed Practical Nurse—LPN Medical Doctor—MD

Write your license number: _____

All NURSES must be licensed in the state of Missouri. This requires paperwork and a fee. Visit the Missouri Professional Registration website for details. The process takes up to six weeks. Apply now.

Please list all children that will be attending camp with you. (Please note: You must complete an on-line registration for each of your children.)

Name _____ age _____ male/female _____

Name _____ age _____ male/female _____

Name _____ age _____ male/female _____

Criminal Background Check Form

This form must be completed by all persons 18 or older and submitted with \$15 to cover the cost of the background check.

Date:	Driver Lic. #:	Driver Lic. State:
Last Name:	First Name:	Middle Name:
Maiden and/or Other Last Names Used :		
City:	County:	State:
Date of Birth:	Social Security #:	Circle One: Male Female

This authorization and consent for release of personal information acknowledges that Camp Barnabas (Hereafter referred to as "Company") and/or its agent, Trak-1 Technology, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Trak-1 Technology, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the Company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Company. In addition, I release and discharge the Company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Trak-1 Technology / PO Box 130159 Houston, Texas 77219 at telephone number 1-800-600-8999. After reading this document, I fully understand its contents and authorize the background verification.

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that grounds for the canceling of any and all offers will exist and may be used at the discretion of Camp Barnabas.

Signed this _____ day of _____, 20_____

Applicant (Print Name): _____

Applicant Signature: _____