

STAFF ONLY

DATES FOR 2017

WHICH CAMP(S) DO YOU DESIRE TO WORK?
PLEASE CIRCLE ONE OR BOTH

JR HIGH/YOUTH: JULY 24-28

CHILDREN: JULY 10-14

POSITION DESIRED: Cabin Coach___ Assistant Coach___ Other___

APPLICATION FOR CAMP COACHES - STAFF **PULASKI BAPTIST ASSOCIATION CAMP**

Name_____ Home Address_____

_____ City_____ State_____ Age_____ Date of Birth___/___/___ Sex_____

School now Attending_____ Last Grade Completed_____

College Students, your major/minor_____

Your College Address_____ College Phone_____

Parent's name (if under 18)_____ Phone_____

Are you a Christian? ___yes___no How Long_____ Active member of what Church_____

Church activities: (you led or taught 1-12 grades; VBS, GA'S, RA's, Day Camp, Backyard Bible Club, Sunday School, etc.)

Activities and Organizations in school and community

Briefly explain your encounter with Jesus Christ and how continuing encounter(s) have changed your life...

In you daily life, how do you share your faith with others?

Are you a volunteer for vocational Christian service? yes no (circle one) If yes, in what area?

Do you use any alcohol? ____Yes____No What are your convictions concerning the use of alcohol?

Do you use illegal drugs? ____Yes____No What are your convictions concerning the use of drugs?

Do you use tobacco? ____Yes____No What are your convictions concerning the use of tobacco?

What are your convictions concerning Pre-marital sex

Why do you want to be a camp coach?

List below any other pertinent facts the Camp Committee should know about you and your abilities...

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References: (list 3 adults other than relatives. Include the name of a teacher if a student and a supervisor if employed. Do not list your pastor because he will interview you and sign your application.)

NAME

ADDRESS

PHONE

The following questions are at the suggestion of our insurance company:

Have you ever been formally accused of child molestation?

To your knowledge, have you been involved in a situation that could lead to charges of child molestation against you?

I give the Camp Committee permission to contact those necessary to check my references.

(your signature) Date_____

I give Pulaski Baptist Association permission to run a criminal record check on me for the purposes relating to camp. My social security number is _____

I have lived in the following states:_____

My date of birth is _____. My race is _____. My height is _____

My weight is _____.

(your signature) Date_____

Your signature is required for this check. If you do not sign this statement we cannot use you in camp. This is for the protection of our children and is required of all Camp Staff.

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****STAFF HEALTH FORM****

NAME_____ BIRTHDAY __/__/__ AGE_____ SEX_____

ADDRESS _____

PARENT/GUARDIAN (if under 18)_____

HOME PHONE _____ PARENT BUSINESS PHONE _____

EMERGENCY CONTACT PERSON _____ HOME PHONE _____

BUSINESS PHONE _____ RELATIONSHIP TO STAFF _____

Do you consider your health fair good excellent (circle one)

Do you have any physical or mental defects which will impair your effectiveness as a staffer? If so, please explain

Check what you have had ___ear infections ___heart trouble ___measles ___chicken pox
 ___dietary restrictions (explain) ___surgery or serious health problems (explain)

Check what you are allergic to : ___bee sting ___penicillin ___poison ivy ___poison oak ___sumac
 ___dust ___other (list and explain)

Do you have asthma? YES NO (CIRCLE ONE)

Do you have any contagious diseases? Yes NO (circle One) If so what?_____

This health history is accurate as far as I know. (If under 18, staffer has permission to engage in all camp activities except: (list all prohibited activities)) _____

Name of Medication	Dose in mg.	Amount/# to be given	Time to be given	<u>Complete at registration</u> Total # of pills & initial of parent/staff

I give the personnel of Pulaski Baptist Camp permission to administer the above medications as directed.

Name	Signature of parent/guardian (under 18)	Date
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**** All medications must be brought in original bottle or container. All prescription medicines must have pharmacy label, including name of doctor.**

**** All medications must be turned in to camp personnel.**

****All medications to include Tylenol, Ibuprofen, and vitamins will be kept by camp nurse in a locked, secure area. The only medication that will be allowed to keep in your possession is a rescue/emergency inhaler for asthma. You are instructed not to share your inhaler with anyone else.**

****Sharing of medication will result in referral to the camp director.**

I give the Pulaski Baptist Camp nurse permission to administer the following over the counter medications as needed according to the manufacturer's directions. Please check all you wish to be given as needed.

Signature of parent/guardian

Date _____

_____ Tylenol _____ Ibuprofen
_____ Chloraseptic spray _____ Halls Cough Drop

_____Orajel	_____Caladryl Lotion
_____Antibiotic ointment	_____Sunburn spray/lotion with Lidocain

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the Camp Coordinator or Camp Administrator, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, named above. I also will notify Pulaski Baptist Association if exposed to any communicable diseases during the 3 weeks prior to camp attendance. **BOTH PARENTS/GUARDIANS SIGNATURE IS REQUIRED IF UNDER 18 YEARS OF AGE**

SIGNED _____ RELATIONSHIP _____ DATE _____

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Please read the following before signing your name.

I realize that if I am accepted to work at Pulaski Baptist Association Camp, I will be expected to comply with Camp rules, attend all Camp Coach/Staff Training Sessions, study carefully the counselor notebook before training sessions and the sections about my area of work and responsibilities, Camp rules and aims.

Signed _____ Date _____

PASTOR: I have interviewed this person and to the best of my knowledge, the facts listed in this application are true and I am recommending this person for the position he/she is applying for.

Pastor's
Signature _____ Date _____

CAMP T-SHIRT ORDER FORM

T-SHIRTS SIZES CAN ONLY BE ORDERED UNTIL REGISTRATION DEADLINE

Please check your size

____ ADULT SMALL

____ ADULT MEDIUM

____ ADULT LARGE

____ ADULT X LARGE

____ ADULT XX LARGE

____ ADULT XXX LARGE

NAME _____