

STAFF APPLICATION FORM

FOR 2019 CAMP

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

CHILDREN: JULY 08-12

JR HIGH/YOUTH: JULY 22-26*

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 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 must 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? _____ Yes _____ No

To your knowledge, have you been involved in a situation that could lead to charges of child molestation against you? _____ Yes _____ No

I give the Pulaski Baptist Association 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 Pulaski Baptist Association 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) Date of last tetanus shot _____

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

HAVE YOU HAD: ____ear infections ____heart trouble ____measles ____chicken pox ____dietary restrictions (please explain on back) ____surgery or serious health problems (please explain on back)

ARE YOU ALLERGIC TO: ____bee sting ____penicillin ____poison ivy ____poison oak ____sumac ____dust ____other (please list and explain on back)

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	Completed at registration Total # of pills & initials of worker/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

**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 a camper will be allowed to keep in their 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 of the camper to the Camp Director and may result in dismissal from camp.

AUTHORIZATION - I approve the STAFF APPLICATION and the STAFF HEALTH FORM, and hereby certify that I am/my child is of good moral character. I recognize there is an element of risk in activities I or my child may participate in while staying at Pulaski Baptist Camp. I assume full responsibility for myself or my child, for any accident, or injury, or illness that may occur while staying at Pulaski Baptist Camp. I hereby release, indemnify, and hold harmless Pulaski Baptist Association, Inc., and/or Pulaski Baptist Association Camp, its agents and employees, from and against any and all claims, liabilities, suits, actions, attorney's fees, and including without limitation any act, omission, or negligence of Pulaski Baptist Association, its agents, or employees, which may arise from or in any way be connected with my/my child's stay or participation in activities at Pulaski Baptist Camp. I agree to myself or my child being checked for head lice upon arrival and to my or my child's being treated by the Camp Nurse if I or my child develops head lice.

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

Signature of parent/guardian

Date

___ Tylenol ___ Ibuprofen ___ Orajel ___ Caladryl Lotion ___ Chloraseptic spray ___ Halls Cough Drop
___ Antibiotic ointment ___ Sunburn spray/Lotion with Lidocaine

In the event my emergency contact cannot be reached in an emergency, I hereby give permission for the physician selected by the Camp Coordinator or Camp Administrator or Director of Missions, to secure proper treatment for, to order injection, and/or hospitalize, and/or to give anesthesia and/or surgery to me. I also will notify Pulaski Baptist Association if exposed to any communicable diseases during the three (3) weeks prior to camp attendance.

BOTH PARENTS/GUARDIANS SIGNATURES ARE REQUIRED

SIGNED _____ RELATIONSHIP _____ DATE _____

SIGNED _____ RELATIONSHIP _____ DATE _____

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.

Signature of Worker

Date

PASTOR: (Your church member is applying for a position working with children at a Pulaski Baptist Associational Camp. Please fill out after interviewing your church member.) I have interviewed _____ 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.

Signature of Pastor

Date

CAMP T-SHIRT ORDER FORM

T-SHIRTS SIZES CAN ONLY BE ORDERED UNTIL THE REGISTRATION DEADLINE .

Please check your size of T-shirt:

_____ADULT SMALL

_____ADULT MEDIUM

_____ADULT LARGE

_____ADULT X LARGE

_____ADULT 2X LARGE

_____ADULT 3X LARGE

_____ADULT 4X LARGE

_____ADULT 5X LARGE

STAFF MEMBER_____

PERMISSION TO VIDEO

This year we will be producing a video and still photos of our week at camp. The video and photos will be used for camp purposes only. We need your permission in order to take pictures of you. No names will be used in the video and/or photos.

Pulaski Baptist Association has my permission to video and/or photo me to be used for camp purposes, promotion and publicity, to include social media like Facebook.

Signature of Worker

Date

If worker is under 18 years old, Pulaski Baptist Association has my permission to video and/or photo my child/youth to be used for camp purposes, promotion and publicity, to include social media like Facebook.

SIGNED_____RELATIONSHIP_____DATE_____

If worker is under 18 years old, please list the individual(s) who may pick-up your youth worker. A Photo ID WILL be required to pick-up your youth.

***NOTE: LAKE OF THE OZARKS ASSOCIATION Volunteers must apply through and get permission from your DOM before you will be able to volunteer at our Youth Camp.**