

Mt. Salem-Wyaconda Southern Baptist Association

Confidential Camp Staff Application

- This application must be completed by all Camp Staff for Children/Youth Bible Camp., ***ALL applicants must be 18 years old to serve as staff for Children's Camp and 21 years old to serve as staff for Youth Camp.***
- The ***Permission for Release of Criminal Records form*** (attached) must be submitted in addition to this application. This information will be used to assist the MSWSBA Camp Team in its effort to provide a safe and secure environment/experience for campers.
- In applying for the position of "Camp Staff," it is understood that this service will be as a volunteer and no honorarium will be given.
- ALL Camp Staff should arrive at Camp Inlow at 3:00 pm on Sunday afternoon to allow for orientation, cabin assignments, evening meal, and evening worship. This will precede the arrival of campers at 9:00 am, the following Monday morning.

I. Full Name: _____

Last Name - First Name - Middle Name

II. DESIRED AREAS of CAMP SERVICE: _____

III. PERSONAL INFORMATION:

Adult T-Shirt Size: _____

Mailing Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Mobile Telephone: _____

Church Name: _____ Active Member? *Yes / No*

Church Address: _____

City: _____ State: _____ Zip Code: _____

IV. CHURCH ACTIVITY & EXPERIENCE:

(A.) Give a brief salvation and baptism testimony

(B.) List activities you are involved in at your church

V. APPLICANT'S STATEMENT AND RELEASE:

The information contained in this *Camp Staff Application* is complete and accurate, according to my best knowledge and belief. ***I release all such references and churches from any liability for supplying such information, and/or opinions, provided they do so in good faith and without malice.*** I waive any rights that I may have to inspect references provided on my behalf. ***Should my application be accepted,*** I agree to be bound by the statement of faith, by-laws, and operational policies or rules of the Mt. Salem-Wyaconda Southern Baptist Association and its Camp Team, and to refrain from un-Scriptural and/or un-Christlike conduct in the performance of my services on behalf of the Association. I further state that I have carefully read the foregoing release and acknowledge that I understand and am aware of the content thereof. Further, that I sign this release voluntarily as my own free act. This is a legally binding agreement, which I have read and understood.

Applicant's Signature: _____ **Date:** _____

VI. PASTOR'S ENDORSEMENT & RECOMMENDATION:

"I, _____, Pastor of _____ Baptist Church in _____, a church affiliated with and financially supporting the Mt. Salem-Wyaconda Southern Baptist Association, ***hereby endorse and recommend the above-named individual*** for consideration in volunteer ministry/service to the Association – ***specifically, for the supervision and/or care of children or youth attending camps, events, trips, and related projects.*** This individual is known to me and our church as a born-again believer in Jesus Christ, and, as a demonstration of their commitment to Him as their Savior and Lord, he/she exhibits an exemplary Christian witness in his/her daily life. He/she has been a member of our local church since _____.

Pastor's Signature: _____ **Date:** _____

Church Name: _____ Telephone: _____

Church Address: _____

Home Telephone: _____ Mobile Telephone: _____

VII. CAMP STAFF MEDICAL INFORMATION:

Name: _____ Date of Birth: _____
Last First Middle Jr./Sr.

Emergency Contact: _____ Relationship: _____

Emergency Telephone: ____ - ____ - ____ Alternate Telephone: ____ - ____ - ____

Health Insurance Provider: _____

Policy #/Group (Employer): _____

Primary Care Physician: _____ **Telephone:** _____

Does staffer have any medical problems or allergies? Yes / No (circle one)

If yes, please give information: _____

--If you need to take medication(s) at camp, you are requested to bring each medication in original pharmacy bottles with current labels, including directions from your physician/pharmacy printed thereon. ALL medications will be stored/housed, and taken, at the First Aid Station (safety concern). Please provide the following information for ALL medications that you will need at camp:

Medication	Dosage	Time to be Given

Signature: _____ **Date:** _____

PERMISSION FOR RELEASE OF INFORMATION FROM CRIMINAL RECORDS

I hereby grant and give my permission for the release of information from law enforcement and criminal justice files/systems concerning any past record or history of sex offenses (including related misconduct, abuse, or assault), offenses against children (including neglect or endangerment), any abuse, battery or assault (including aggravated misdemeanors and felonies), **and any other criminal violations that are public record which resulted in charges, criminal arrest, conviction, and/or my entry of a plea of guilty or "nolo contendere" in any criminal proceeding.** Such foregoing information is hereby authorized for release to a representative of the Mt. Salem-Wyaconda Southern Baptist Association for the purpose of conducting a background investigation regarding my suitability to supervise and/or care for children or youth. I understand that the Mt. Salem-Wyaconda Southern Baptist Association has the right to require this record check as a condition of associational employment and/or volunteer service in associational ministry or support efforts to its churches, including ministry/service to their children and youth, and in conjunction with camps, events, and related projects. I understand that I will be provided a copy of any information released to the Mt. Salem-Wyaconda Southern Baptist Association pursuant to the execution of this permission document and that I have the right to challenge the accuracy and completeness of such information. I further understand that this information will be used only for the purposes of employment and/or volunteer service, and accordingly will not be "re-disseminated" or otherwise re-distributed/shared to other persons or organizations, or used for any other purpose. **I also understand that my date of birth and social security number are required and necessary to perform this check.**

Signature: _____ Date: _____

Printed Full Name: _____

Alias, Maiden or "Nick" Name(s): _____

Date of Birth: _____ Soc. Security No.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____