

Mt. Salem-Wyaconda Southern Baptist Association

Confidential Camp Staff Application

This application shall be completed by all individuals serving as Camp Staff during our Children/Youth Bible Camp. This is especially important for those individuals that could have supervision responsibilities or care/custody of minor campers, *including security staff. Hence, ALL applicants shall have attained their eighteenth (18th) birthday for Junior (Children's) Camp purposes, and have attained their twenty-first (21st) birthday for Youth Camp purposes, in order to be considered for the staff position sought.* Additionally, a *Permission for Release of Criminal Records* form shall submitted (attached) in additional this **Confidential Camp Staff Application**. This information will be used to assist the Mt. Salem-Wyaconda Southern Baptist Association and its 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 such service shall be as a "volunteer." Within the scope of our Camp efforts, "volunteer" shall include those individuals who may or may not receive an honorarium as a result of their service.

I. Full Name: _____
Last Name *- First Name* *- Middle Name*

Note: 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.

II. POSITION or ROLE OF DESIRED SERVICE: (mark an "X" to indicate your area of preference)
 Please list any/all areas where you are willing to serve: _____

III. PERSONAL INFORMATION: Adult T-Shirt Size: _____

Date of Birth: _____
 Mailing Address: _____ S.S.N.: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Mobile Telephone: _____
 Church Affiliation: _____ Active Member? _____
Church Name *Yes No*

Church Address: _____
Mailing Address *City* *State* *Zip Code*

Employer: _____ City/State _____
 Occupation: _____ Marital Status: Single Married Divorced
 Do you have a valid Driver's License? Yes No License No. _____

Have you ever been arrested, charged, indicted, convicted, or pled guilty to an offense involving a minor—when the minor was either as a victim, or participant, of a sexual offense or an assault/abuse offense? Yes No *(If yes, please label and attach to this application additional pages describing ALL arrests and convictions, including the year, City/State/County of Jurisdiction, and the court disposition regarding any such offense as described above.)*

We you ever the victim of abuse or molestation while a minor? Yes No Confidential *(If you prefer, you may refuse to indicate "yes" or "no" – and simply mark "confidential." In this instance, you may be asked to discuss your answer in confidence with the Camp Team Leader and/or the Director of Missions.)*

IV. CHURCH ACTIVITY & EXPERIENCE:
 (A.) In the space provided below, please briefly relate your personal experience (testimony) in becoming a Christian. Describe in some detail when you understood and confessed your sinfulness to God, your repentance, and your profession of Jesus Christ as personal Savior and Lord. Include the date if known,

as well as the details of your Scriptural baptism experience (date, church, etc.). Be sure to include some of your thoughts at the time (if additional space is necessary, attach and label separate sheet(s) of paper to this application).

(B.) Please provide the name(s) of any churches with which you have been a member or have been previously affiliated (give the church's name, and city/state of address – dates if possible).

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 authorize any reference(s) or church(es) listed in this application to provide information (including opinions) they may have regarding my character and fitness to serve in working with children and/or youth. ***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 at _____, 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.
 Mailing Address: _____ S.S.N.: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Mobile Telephone: _____
 Employer: _____ City/State _____
 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: _____ **Dated:** _____

**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 youths. 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 youths, 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 Name(s) or Nickname(s): _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Mobile Telephone: _____