

Blue Slide Camp 2011 Staff Application

Date: ____/____/____

Please fill in both the staff application and medical history/release form. Return application to your camp director.

Camp applying for: Youth Camp, Grades 7-12 (August 1-5) Children's Camp, Grades 3-6 (July 25-29)

Camp Position Applying For:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Assistant Counselor (19 yrs+) | <input type="checkbox"/> Kitchen Help |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Activity Leader | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Facilities Director | <input type="checkbox"/> Life Guard | <input type="checkbox"/> Other _____ |

Applicant Name: _____ Date of Birth: ____/____/____ Sex: M F

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Church Name: _____ Church Phone: _____

List two people (including your minister) who will recommend you for this position:

Name: _____ Phone: _____ Relation to You: _____

Name: _____ Phone: _____ Relation to You: _____

Are you a baptized believer in Jesus Christ? Yes No How long have you been a believer? _____

Give a brief account of your Christian experience: _____

Personal History and Background:

Current Driver's License: _____ State: _____

Have you ever been arrested for child molestation? Yes No

Have you ever been prosecuted for child abuse or molestation? Yes No

Have you been a victim of abuse or molestation? (You may refuse to answer this question or, if you prefer, discuss your answer in confidence with the director of your camp. Answering yes or leaving the question blank does not automatically disqualify you from working at Blue Slide Camp). Yes No

Have you ever been arrested and/or convicted of a crime involving criminal activity in drugs or alcoholic beverages or violence or the threat of violence? Yes No

I hereby attest that the above information is correct. I understand that if I have falsified any information, I may be terminated from my position. I also give my permission to conduct a background check. Permission to conduct a background check expires 90 days from the date indicated below.

Signed _____

Date _____

Medical History on Back →

Blue Slide Camp 2011
Confidential Medical History *(Please Print)*

Date: ____/____/____

Name of Applicant: _____ Date of Birth: ____/____/____ Sex: M F
Doctor: _____ Doctor Phone: _____
Insurance Carrier: _____ Health Insurance ID#: _____

Should I experience a health care emergency, after critical care has been provided, please contact one of the following:

Emergency Contact Person: _____ Relation to You: _____
Home Phone: _____ Work Phone: _____

Alternate Contact Person: _____ Relation to You: _____
Home Phone: _____ Work Phone: _____

Are you allergic to bee stings? Yes No

List all allergies, their reactions and usual treatment:

Any other health conditions or concerns (medical, dental, or psychological) that we should know about?

Are you taking any medications? Yes No Please List: _____

Please Note: All prescriptions and "over the counter" medications must be in original container, must be kept out of the reach of children and must be labeled with your name and dosage.

Minor Medical History and Release Form. If you are under 18, please provide the following information:

Parent/Guardian Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Home Phone: _____ Work Phone: _____

Physical Condition of Applicant:

Allergies Asthma Bee Sting Allergy Diabetes Epilepsy
 Heart Condition Rheumatic Fever Diet Restrictions (list below) Other _____

Details: _____

My signature below indicates this health history is correct, the applicant herein described is in good physical condition, and has permission to engage in all camp activities except as noted. I understand that every effort will be made to protect and safeguard all personnel. Therefore I agree not to hold North Coast Baptist Association and/or camp staff responsible for illness or mishap which may occur. In case of surgical or medical emergency, I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for my child, and in the event I cannot be reached in 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 and/or surgery for my child as named above. This form may be copied for use outside of camp. I give my permission for my child to work at camp subject to the policies of Blue Slide Camp. Should this applicant become involved in conduct requiring discipline, I will support the action of the camp administration and will accept responsibility for payment of damaged property. The undersigned has read and voluntarily signs this.

Signature of Parent/Guardian _____ Date _____