



Camp Blessing 2014 Adult Staff Application Form

Since 1963

“an Experiment in Christian Living.”

Thank you for supporting Camp Blessing and for your willingness to serve. Camp Blessing's goal is to promote Christian ideals by conducting camps and retreats. If you haven't worked at our camps before, we will run a background check to insure the safety of our campers. Information provided on this form will be kept confidential to protect your privacy.

Applicant Information Note: Staff must submit an Adult Staff Application & Health History (pages 1 & 2) **each year.**

Name of Applicant _____
 Camps/Retreats serving _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Cell Phone _____ Email _____
 Previous address (if moved within 2 years) _____

Employment History Please list most recent first

Employer Name	Dates	Position/Duties	Supervisor Name & Phone

Employer Name	Dates	Position/Duties	Supervisor Name & Phone

Additional Experience Please list Volunteer, Teaching, and other Leadership experience, especially with children.

Institution/Organization	Dates	Position/Duties	Supervisor Name

Institution/Organization	Dates	Position/Duties	Supervisor Name

Education Please list most recent

Institution	Dates attended	Degree or area of study	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>

Institution	Dates attended	Degree or area of study	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>

Photo Release By signing below you grant Camp Blessing permission to use photos of yourself in Camp publications, such as brochures, web site, & camp reports.

Signature _____ Date _____

Background Check and Personal Information

Please include detailed information that the Camp Director should be aware of. Camp Blessing respects your privacy and will take steps to insure all information provided here is kept confidential.

Information for (Name) _____

Birth: (mm/dd/yyyy) _____ **SS** _____

References Please list three personal references who can speak to your ability and character.

Name	Position/ Occupation	Years known	Phone
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Name	Position/ Occupation	Years known	Phone
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Criminal History If you are able to answer YES to any of these questions, full disclosure is required.

Yes No Have you ever been convicted of a felony?

Yes No Does there exist on record allegations or grievances against you, whether proven or not, pertaining to mistreatment of children, inappropriate language/ behavior, or misuse of authority?

Yes No Are you a registered sex offender?

Yes No Do you have any traffic violations (other than parking tickets) in the past five years?

Religious / Spiritual History

Home Church _____ Pastor's Name _____

Yes No Have you accepted Jesus Christ as your personal savior?

Yes No Are you new to Camp Blessing? How did you hear about Camp Blessing? _____

Are you currently a camp blessing member? Yes No

Would you like to become a member of Camp Blessing? Yes No

Authorization to Release Information By signing below, you give Camp Blessing permission to issue a criminal background check, and contact all employers and references listed.

I have offered to be a volunteer for Camp Blessing, Inc. and to qualify for same, I hereby authorize a criminal background check, any present and any prior employer and any organization for which I have worked or volunteered, to release to Camp Blessing, Inc., and its representatives any information requested.

Signature: _____ Date: _____

Exceptions and Limitations

Are there any limitations that need to be considered by the Nurse and Director:

Where to return Applications and Forms For Camps and Retreats in

CA: David Karavas, 20914 Rancherias Rd, Apple Valley, CA 92307; (760) 247-8252

WI: Sara Lenzner, 822 N. 3rd Ave, Wausau, WI 54401; (715) 842-8499

Staff Medical Information & Health History - FORM A

Please include accurate health information that the Camp Director, Staff, and Nurse should be aware of to insure well-being of campers and staff. All forms are available at www.campblessing.com.

Medical record for (name) _____ Date: _____

Health History

Please check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Heart Disease/defect | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Musculoskeletal Disorders | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Other |

Details _____

ALLERGIES

Please indicate all that apply

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Food | Symptoms to watch for _____ |
| <input type="checkbox"/> Drug | _____ |
| <input type="checkbox"/> Animals | |
| <input type="checkbox"/> Insect Bites | Action to take _____ |
| <input type="checkbox"/> Plant/pollens | _____ |
| <input type="checkbox"/> Other: _____ | Diet: _____ |

___ Takes medications: complete form B from camper application. Medications must be in their original containers and clearly labeled with staff name and current instructions.

Permissions: Please initial the line to the left of each statement, then sign and date the bottom. All staff under the age of 18 must have authorization of a parent/guardian to stay and participate at Camp Blessing. **All** staff members must fill out the below permission for emergency treatment regardless of age.

___ I grant permission for any emergency treatments (including medical, surgical, anesthesia of other procedure) deemed necessary for the staff member listed above during his/her stay at Camp Blessing. It is understood that emergency treatment will be performed at a local hospital.

Health Insurance Provider _____
ID# _____ Group# _____ Phone/approval # _____

___ I grant permission for the nurse to administer medications prescribed by a physician, to treat minor injuries and to administer over the counter medications such as Tylenol, Benadryl, cough drops, antacids, antibiotic ointment, topical pain reliever.

___ The staff member listed above has permission to participate in all camp activities, including field trips off camp grounds. Please list exceptions on back.

Staff Member or Parent/Guardian _____

DATE _____

MEDICATION RECORD - CAMP BLESSING

FORM B

Bring all medications to Camp Nurse upon arrival. All medications will be kept in the Nurse's Office.

The Camp Health Supervisor cannot dispense medications unless:

- 1. Medication is in original container.
- 2. Instructions listed below must match label on container.
- 3. Staff's name is clearly labeled on container

Staff's Name _____ Date _____

Medication name: _____

Dose and route: _____

Time to be given: _____

Specific Instructions or Reason to contact Physician: _____

Medication name: _____

Dose and route: _____

Time to be given: _____

Specific Instructions or Reason to contact Physician: _____

Medication name: _____

Dose and route: _____

Time to be given: _____

Specific Instructions or Reason to contact Physician: _____

Medication name: _____

Dose and route: _____

Time to be given: _____

Specific Instructions or Reason to contact Physician: _____

Medication name: _____

Dose and route: _____

Time to be given: _____

Specific Instructions or Reason to contact Physician: _____
