

2018 Girls Camp Staff Application

July 6-14, 2018

(Includes Required Pre-camp Training)

PERSONAL INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Age _____

Please include T-shirt size: _____

List any social networking groups or blogs you are associated with: (MySpace, Facebook, Twitter, Xanga, Your personal Blog, etc.) Applicants must allow camp director access to all social networking pages.

Do your postings through social media exhibit you to be a growing follower of Jesus Christ?

Yes _____ No _____

CHURCH & FAITH INFORMATION

Use additional pages to answer the following.
Give examples that support your responses.

1. Do you think that you are a good Christian role model for girls and young women? Why do you think this?
2. What does living a morally pure life mean to you - are you living a morally pure life?
3. Are there areas that you struggle with that will make it difficult for you to work with young girls 24/7? If yes, please explain.
4. What is your vocational call and how do you share (or anticipate) sharing your faith in that vocation?
5. What is an example of how you have shared your faith with others recently?
6. What responsibilities do you fulfill in your church?

Staff Name _____

7. What does church mean to you?

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2018 Girls Camp Staff Application

8. What is missions and why you want to serve God in camp this summer.

9. What do you personally want to receive as a result of your experience at camp?

10. What is your personal testimony regarding your relationship with Jesus Christ – include a brief overview of your spiritual growth over the last year?

Are you an active church member?

_____ Yes _____ No

If yes, where is your church membership?

Pastor's name and phone number: _____

How long have you been a member? _____

PERSONAL EXPERIENCE WORKING WITH CHILDREN

What experience have you had working with school age children and/or youth?

How comfortable are you in talking with children and/or youth about salvation?

Very comfortable _____ Comfortable _____ Uncomfortable _____

Is there any reason that you cannot keep up with an active workday in a rustic camp setting?

_____ If yes, explain (on back or separate sheet)

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2018 Girls Camp Staff Application

Staff Name _____

SKILLS/EXPERIENCE – Indicate your experience/ability to lead in the following areas

| | SOME | EXTENSIVE | LEADER |
|---------------------------------|------|-----------|--------|
| Bible Study leader for children | | | |
| Bible Study leader for youth | | | |
| Song Leading | | | |
| Accompany Singing | | | |
| Recreation | | | |
| Certified Lifeguard | | | |
| Drama | | | |
| Puppets | | | |
| Clowning | | | |
| Block Party | | | |
| Juggling | | | |
| Sign Language | | | |
| Archery | | | |
| Balloon Animals | | | |
| Arts and Crafts | | | |
| Sewing | | | |
| Interpretive Dance | | | |
| Orienteering | | | |
| Nature | | | |
| Administrative | | | |
| Photography | | | |

Instruments played: _____

Other skills: _____

Be sure you check for and treat for Head lice before coming to camp (several days/1 week and again the night before).

All staff are checked for Head Lice during check-in.

No staff with head lice will be allowed to stay and we want all staff to stay for the camp week.

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Staff Name _____

2018 Girls Camp Staff Medical Form

Name of the staff _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____

Emergency Telephone _____

Family Physician _____ Telephone _____

Insurance Company and Policy Number _____

Medical Check-off List for Staff member

Allergies – food, insects, plants, etc. _____ Yes _____ No

List: _____

What symptoms do you have and what is the treatment?

_____ Epi Pen _____ Benadryl _____ None

List: _____

What symptoms do you have and what is the treatment?

_____ Epi Pen _____ Benadryl _____ None

List: _____

What symptoms do you have and what is the treatment?

_____ Epi Pen _____ Benadryl _____ None

If you require emergency medications, please include the allergy action plan that has been completed by your physician and signed by a parent/guardian (if younger than 18).

Does you have any diet restrictions? _____ Yes _____ No

If so, please identify:

_____ Asthma If so, please submit an asthma action plan from the doctor

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2018 Girls Camp Staff Application

Staff Name _____

Do you have any of the following medical issues that we should be aware of. Please describe below.

Eating Disorder _____

Anxiety _____

Sleeping difficulty _____

Rashes _____

Other _____

Any prescription medications that are to be given during camp must be accompanied by instructions from the prescribing physician and MUST be in their original pharmacy container.

*****Any medication that is otherwise presented will not be allowed to be given per State law.**

*****List all prescriptions on Prescription page below.**

Over-the-counter medications must be in their original container and written instructions included with how they are to be given.(i.e. seasonal allergy meds, menstrual cramps, vitamins, etc)

Please check off below for permission for camp nurse to administer over-the-counter medications:

- Acetaminophen (Tylenol) yes___ no___
- Ibuprofen (Advil,Motrin) yes___ no___
- Diphenhydramine (Benadryl) yes___ no___

The Medications forms that have been included are to be completed with names of medications, what they are given for, times to be given and any other special instructions. These will be kept by the nurse to make sure they are administered as directed.

Staff may not have any medications in their cabins unless they are for emergency use (Inhalers and Epi-pens).

In the event I need medical attention and am unable to sign for such attention in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for me,

I understand that the camp health personnel will care for minor injuries and pains according to the Camp Medical Standard Orders Sheet. (These include but are not limited to: stomachaches, headaches, bug bites, minor scrapes and scratches.)

I, _____, have completed and signed this form and give permission for any of the medications above to be given as directed. (Parent's signature if needed for medical treatment)

Staff Signature _____

Date _____

Parent Signature _____

Date _____

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2018 Girls Camp Staff Application

Staff Name _____

Prescription Form

List all prescriptions you will be taking during camp

List the name of the prescription and the dosage for each day you will be at camp. If medicine needs to be taken at a time other than meals, please list the exact time prescription needs to be taken: (ex: evening: Bedtime, afternoon: 2:00 etc.) Make additional copies of form as needed.

Prescription One: _____

| | Morning | Breakfast | Lunch | Afternoon | Dinner | Evening |
|-----------|---------|-----------|-------|-----------|--------|---------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |

Prescription Two: _____

| | Morning | Breakfast | Lunch | Afternoon | Dinner | Evening |
|-----------|---------|-----------|-------|-----------|--------|---------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |

Prescription Three: _____

| | Morning | Breakfast | Lunch | Afternoon | Dinner | Evening |
|-----------|---------|-----------|-------|-----------|--------|---------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |

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Staff Name _____

REFERENCES

Name (pastor) _____ Name _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Phone _____ Phone _____

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Phone _____ Phone _____

LEGAL INFORMATION

Are you licensed to drive a car? _____ License # _____ State _____

U.S. Citizen _____ Yes _____ No _____

Have you ever been charged with a crime including a traffic violation? _____
If yes, please explain on a separate page.

Have you ever been investigated for, charged with, or convicted of a crime against a child?
_____ If yes, explain using an additional sheet if necessary.

Please sign and date: I verify that the information I have given is correct. I give permission to the Baptist Convention of New England to do a police background clearance check on me.

Signature

Date

Social Security Number

Birth Date

I will attend Pre-camp Training (Required) and Girls Camp Week July 6-14, 2018. ____ Yes ____ No
I agree that the information in this application is true. If asked to serve on camp staff, I am willing to abide by all camp rules. I will assume my responsibility to the best of my ability. I commit myself to serve as a dedicated camp staffer.

(Signature)

(Date)

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