

2021 Girls Camp Staff Application

July 23-31, 2021
(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?
7. What does church mean to you?

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Staff Name _____

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

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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			
Sign Language			
Archery			
Arts & Crafts			
Sewing			
Cooking			
Photography			
Nature			

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 _____

2021 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.

Do you have any diet restrictions? ___ Yes _____ No

If so, please identify:

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Staff Name _____

Do you have any of the following medical issues that we should be made 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 Form.**

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, 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 Form** 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.

Staff Signature _____

Date _____

Parent Signature _____

Date _____

(Parent's signature if needed for medical treatment)

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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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2021 Girls Camp Staff Application

Staff Name _____

COVID 19 Liability Release Waiver

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID 19), Girls Camp at Farmington along with Farmington Conference Center are taking extra precautions to protect our campers and staff with enhanced sanitation/disinfecting procedures in compliance with CDC guidelines.

Symptoms of COVID 19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID 19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID 19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID 19 in the past 30 days.
- I understand that Farmington Conference Center/Girls Camp at Farmington has taken all reasonable safety and sanitation precautions but cannot guarantee that I will not be exposed to COVID 19 while at camp, and that Farmington Conference Center/Girls Camp at Farmington cannot be held liable for any possible exposure.

By signing below, I agree to each statement above and release Farmington Conference Center/Girls Camp at Farmington from any and all liability for unintentional exposure or harm due to COVID 19.

Name _____ Date _____

Signature _____ Date _____

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2021 Girls Camp Medical Form – Pg. 3

If you have had a fever for any reason, consult a physician, so that if it is something else, the doctor can clear them to attend camp!

HEALTH MONITORING BEFORE COMING TO CAMP!

COVID-19 INSTRUCTIONS

We are including a Daily Health Monitoring Form (Pg.7) to assist you as you monitor your your health before coming to camp check-in.

Please complete this “Daily Health Monitoring Form” for 14 days prior to camper check-in date. Use the copy included so that you can answer the questions below and bring with you to check-in!

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

People with these symptoms may have COVID-19: Each staffer will be asked the following questions at check-in. Bring with you the chart (online or hard copy) to show that you have checked for the required time period before coming to camp. In the questions below, Your Name.

1. Has you had a fever (100.4 or above) or chills? Check daily.
 - No
 - Yes
2. Has you had a cough or difficulty breathing (not related to asthma or allergies)?
 - No
 - Yes
3. Has you had unexplained muscle aches or fatigue?
 - No
 - Yes
4. Has you had Nausea, vomiting or diarrhea?
 - No
 - Yes
5. Has you had a new loss of taste or smell?
 - No
 - Yes
6. Has you been diagnosed with COVID 19?
 - No
 - Yes
7. Have you been in close contact with someone diagnosed with COVID 19 or been exposed to someone with symptoms or a confirmed or suspected case.
 - No
 - Yes

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Page **Daily Health Monitoring Form for 2021 Girls Camp**

Your Name _____

Please put in the actual temperature each day for the Daily Temperature Log.

For all other questions, answer yes or no to all questions

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Daily Temperature Log														
Has you had cough or breathing difficulty (not related to asthma or allergies?)														
Has you had unexplained muscle aches or fatigue?														
Has you had nausea, vomiting or diarrhea?														
Has you had a new loss of taste or smell?														
Has you been diagnosed with COVID-19?														
Have you been in close contact with someone diagnosed with COVID-19 or been exposed to someone with symptoms or suspected case of COVID-19?														

REFERENCES

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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 Farmington Conference Center to do a police background clearance check on me.

Signature

Date

Social Security Number

Birth Date

I will attend Pre-camp Training and Girls Camp Week - July 24 Check-in 3-5 Pm - August 1 Depart 2PM
____ 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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