

HEARTLAND CAMPING MINISTRIES 2010 CAMP STAFF APPLICATION

For consideration, please give this application and \$10 for a mandatory criminal background check to your pastor no later than **May 2.**

Please print in black ink. Upon completion, please submit to your pastor for endorsement.

Name _____ Age _____ (recommended: age 16) Birth date ____/____/____.

Male [] Female [] Saved _____ Sanctified _____ Baptized with the Holy Spirit _____ Member of the Church of God of Prophecy _____

Address _____ City _____ State _____ Zip Code _____

E-mail address _____

Home phone number (____) _____ - _____ Cell phone number (____) _____ - _____

Church attending _____ Pastor _____ City _____ State _____

To be considered for staff eligibility, one must be a born again Christian in a growing relationship with Christ, who faithfully attends his or her church and receives a favorable endorsement from his or her pastor. It is also recommended that the applicant be filled with the Holy Spirit.

**In which camp(s) do you desire to work?
Please check below.**

CAMP	DIRECTORS	AGES	DATES
<input type="checkbox"/> Sr. High	Rodney & Dawn Wilcox	12-20	June 30-July 4 (Staff cost: \$110)
<input type="checkbox"/> Kids—East	Eric & Shawna Kaut	6-11	June 27-30 (Staff cost \$90)
<input type="checkbox"/> Kids—West	Scott & Crystal Fuller	6-11	June 4-6

For which ministry(-ies) do you feel most qualified to work? (Please check all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Cabin leader | <input type="checkbox"/> Cabin asst. | <input type="checkbox"/> Dean |
| <input type="checkbox"/> Devotion leader | <input type="checkbox"/> Drama leader | <input type="checkbox"/> Evangelist |
| <input type="checkbox"/> Fun time leader | <input type="checkbox"/> Gen. asst. | <input type="checkbox"/> Lifeguard* |
| <input type="checkbox"/> Medical attendant* | <input type="checkbox"/> Night security personnel | |
| <input type="checkbox"/> Recreation leader | <input type="checkbox"/> Teacher | <input type="checkbox"/> Worship leader |
| | | <input type="checkbox"/> Other _____ |
- Kids West only* → Cook Kitchen asst.
- Please list musical instruments you feel qualified to play: _____
- *List certifications, if any: _____

Check the following statements if you agree with them:

- I faithfully attend services and support my local church and its activities throughout the entire year.
- I am physically capable to perform all my required duties.
- As a member of staff, I will abide by the Biblical doctrine of Heartland Camping Ministries.
- I will abide by the camp rules.
- Camp is for the campers. I am willing to put their comforts and needs before mine.
- I will serve the campers and camp ministry by fulfilling all responsibilities delegated to me.
- I will be at camp on time and stay until released from duties.

PRIOR EXPERIENCE WORKING IN A CAMPING MINISTRY:

Name & location of program _____ How many years have you worked at camp? _____

Position(s) in which you worked _____

Felony conviction: Have you ever been convicted of a felony? [] Yes [] No If yes, please explain. _____

Why do you want to work in camp, and what are your qualifications?

Name _____

MEDICAL INFORMATION —Please print clearly.		
√ Indicate with a check mark any of the following medical conditions that apply.		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Physical disability	INSURANCE INFORMATION Policy holder's name: _____ Insurance company: _____ Policy number: _____ Group/ID number: _____ Billing address: _____ _____ I do not have medical insurance.
<input type="checkbox"/> Asthma	<u>Serious allergic reactions to:</u>	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anesthesia	
<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Food	
<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Hay fever	
<input type="checkbox"/> Recent operations	<input type="checkbox"/> Insect bite	
<input type="checkbox"/> Seizures	<input type="checkbox"/> Medication	
<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Poison ivy, oak, or sumac	
If you checked any of the above, please explain: _____		
Please list other medical concerns _____ <i>Please provide the date of the most recent occurrence when applicable.</i>		

→List all current medications (prescribed or over-the-counter) which will be collected and distributed by camp medical staff. Include dosage & medication schedule. _____
→Please give the date of your most recent tetanus shot _____

<p>MEDICAL EMERGENCY FOR STAFF 18 OR OLDER: I hereby give permission to the director, medical attendant, or designee thereof to secure proper medical treatment including, but not limited to, pre-hospital care and transport, hospitalization, ordering injections and/or anesthesia, surgery for me and all treatment directed by proper medical professionals. I understand that I am responsible for all medical charges incurred, and I will reimburse the Heartland Camping Ministries for any charges paid. I will not hold the Heartland Camping Ministries liable for any injury that might occur during camp or in the transport to or from camp.</p> <p>SIGNATURE _____ Date _____</p> <p>FOR PARENT/GUARDIAN OF STAFF MEMBER UNDER 18 YEARS OF AGE: I understand that reasonable effort will be made by the camp staff to contact me, the parent/guardian, in case of an emergency. If I cannot be reached at the time of the emergency, I hereby give permission to the director, medical attendant, or designee thereof to secure proper medical treatment including, but not limited to, pre-hospital care and transport, hospitalization, ordering injections and/or anesthesia, surgery for my child and all treatment directed by proper medical professionals. I understand that I am responsible for all medical charges incurred, and I will reimburse the Heartland Camping Ministries for any charges paid.</p> <p>I have read and understand the information on this application and give my child permission to travel across state lines (if applicable) to work at camp and to travel with camp staff during the period of camp. I will not hold Heartland Camping Ministries liable for any injury that might occur during camp or in the transport to or from camp.</p> <p>I also grant permission to the camp medical attendant to administer over-the-counter medications such as Tylenol, Pepto Bismol, and sinus/allergy medications to my child as needed.</p> <p>_____ Check here if you DO NOT want the camp medical staff to administer over-the-counter medication to your child.</p> <p>SIGNATURE _____ Date _____</p> <p>(IMPORTANT: Signature of parent or legal guardian is required for staff members under 18 years of age.)</p>
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Camp visitation policy: Because of liability issues and the safety and security of the campers and property, no visitors are allowed on the campground. The only exceptions are for essential staff members (e.g., commuting evangelists, guest ministers), which are to be determined by the director. In case of family emergencies, it is expected that the parent/guardian listed on the camper's application and will call the camp at least 30 minutes prior to arriving, and report immediately to the director upon arriving.

<p>I understand that my application will be carefully considered; however, this application in no way obligates the camp directors or camp board to include me as part of the camp staff. I understand there will be many applicants, but only a certain number of positions will be filled. Also, I understand, to comply with legal requirements, my application may be submitted to the proper legal authorities for further screening.</p> <p>I am in agreement with and acknowledge that the information on this application is correct.</p> <p>Signature _____ Date _____</p> <p>_____ I have included a non-refundable \$10 for the mandatory criminal background check.</p>
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If you have questions about a particular camp, please contact the director.
If you have a general camping question, please contact the camp chair.

	Contact	E-mail	Phone
Camp Board Chair	Rodney Wilcox	psalm29_3@yahoo.com	913-634-7877
Kids Camp (East)	Eric & Shawna Kaut	skaut1974@yahoo.com	417-247-1188
Kids Camp (West)	Scott & Crystal Fuller	thefullersfour@netzero.net	913-592-5518/913-238-0784
Sr. Camp	Rodney & Dawn Wilcox	psalm29_3@yahoo.com	913-634-7877

PASTOR'S ENDORSEMENT for _____

applicant's name

Dear Pastor: Thank you for your prayerful consideration as you complete this endorsement form. Your opinions are valuable, as they will help directors make wise choices as they recruit compassionate and qualified staff for the camping ministry.

The information contained in this endorsement shall be considered confidential. The only persons who are to be allowed to view this information are the camp directors and members of the camp board if needed.

Those under territorial appointment are to be approved by the regional overseer.

Please circle the answer that best applies to this applicant.

To the best of my knowledge, the applicant is saved sanctified baptized with the Holy Ghost.

Current spiritual condition	GOOD	FAIR	POOR
Attendance of regular services	GOOD	FAIR	POOR
Dependability as a Christian all year	GOOD	FAIR	POOR
Ability to get along and work well with children	GOOD	FAIR	POOR
Ability to get along and work well with youth	GOOD	FAIR	POOR
Enthusiasm about camp ministry	GOOD	FAIR	POOR
Leadership abilities	GOOD	FAIR	POOR
Personal grooming, hygiene, dress, etc.	GOOD	FAIR	POOR
Children's or youth member's response to the applicant	GOOD	FAIR	POOR

Please comment on the applicant's general attitude, positions held at the local church, and anything the directors might need to know to best make a decision regarding this applicant. Please disclose any positive and negative information concerning this applicant that might affect the camping ministry.

Would you recommend this applicant to be a camp staff member? [] Yes [] No
If no, please explain _____

Pastor's signature _____ Date _____

Heartland Camping Ministries is affiliated with the Church of God of Prophecy

PASTOR: Please sign and mail the application, the required \$10 from the applicant and your endorsement form no later than May 3.

Dawn Wilcox
Camp Board Secretary
14319 174th Street
Bonner Springs, KS 66012

