



Staff Application

- Senior High Week
- Middle School Week
- Primary Week
- Junior Week

T-Shirt Size (circle one)

S M L XL 2XL

First Name MI Last Name

Male Female

Street Addr City STATE ZIP

E-mail Home Ph

Birth City ST Work Ph

Cell Ph

DL# DL Expiration Date of Birth Age SSN

Status Single Married Widowed Separated Divorced

Position Applying For

Please number your top three choices from 1 to 3 (1 being most desired). Positions marked with an asterick (*) require certification or previous experience.

- | | | |
|---|--|--|
| <input type="text"/> Canteen Coordinator | <input type="text"/> Counselor | <input type="text"/> Media Assistant/Video* |
| <input type="text"/> Canteen Worker | <input type="text"/> Dining Room Cleaner | <input type="text"/> Medic/Nurse (Circle One)* |
| <input type="text"/> Challenge Course Belay* | <input type="text"/> Dishwasher | <input type="text"/> Recreation Assistant |
| <input type="text"/> Challenge Course Operator* | <input type="text"/> Kitchen Server | <input type="text"/> Sound Technician* |
| <input type="text"/> Cook | <input type="text"/> Lifeguard* | |

Emergency Contacts

Name

Name

Phone

Phone

Insurance Information

Please check here if not covered by health insurance

Name of Company: _____ Policy/Group#: _____

City, State: _____ Insurance Co. Phone _____

Medical Information

Camper has had the following (include the year occurring):

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chronic Intestinal Problems |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Chorea | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Eczema | <input type="checkbox"/> Speech Defect |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Hives | <input type="checkbox"/> Diabetes (Insulin) | <input type="checkbox"/> Diabetes (Non-Insulin) |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Rubella | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Frequent Sore Throats |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Malaria | <input type="checkbox"/> Measles | <input type="checkbox"/> Inflammatory Bowel |
| <input type="checkbox"/> Jaundice/Hepatitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Malignancy | <input type="checkbox"/> Polio | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other: _____ |

Date of last Tetanus shot (Must be within the last 10 years): ____/____/____

Name of Physician: _____ Phone Number: _____

Special medical problems, conditions or restrictions:

Please list all medications:

(State law requires that all medications be given to the camp nurse. All prescriptions must be in the original container and prescribed to the person taking them.)

Please check all that camper is allergic to: Penicillin Sulfa Aspirin Other: _____

Any food allergies/Special diet needs? Yes No

If yes, please explain: _____

Is camper troubles with bed-wetting? Yes No

Able to pursue all normal athletic activities? Yes No

If no, please explain: _____

Staff Members Under 18 Years of Age

All staff members are required to be at least 16 years of age to qualify to volunteer at any camp session. If you are at least 16 years of age and have not yet completed the 12th Grade, you must attend the Senior High Camp Session (for Grades 9-12). Failure to attend this camp session as a camper will render this application void.

I understand that by being under 18 years of age, I must attend Camp DaySpring as a camper and agree to attend the Senior High Camp Session. I vouch that I will submit Camper Application as soon as possible and understand that my Staff Application will not be considered until I have done so.

Staff Signature: _____ Date: _____

Under 18 Parent Agreement

I am giving my child permission to attend Camp DaySpring as a staff member for the camp sessions specified. My child has permission, without restriction, to participate in all programming unless I notify the camp otherwise in writing. I understand and realize that Camp DaySpring will follow safety procedures and precautions and that all activities include a certain risk. Camp DaySpring will assume no liability for injury, damage or loss of property that result from my child's participation in any activity. I have assumed all possible risks and intend to hereby be legally bound to not hold Camp DaySpring and its agents liable from any injury, damage or loss which may arise in connection to camp activities. The terms hereof shall serve as a Release and Assumption of Risk for any minors. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by Camp DaySpring to secure proper treatment for my child as a Camp DaySpring staff member. I understand that Camp DaySpring provides secondary insurance that will only take effect after the staff member's personal insurance has paid. I also give Camp DaySpring permission to use my child's name, voice, testimonial and/or picture in any type of promotional material, press releases and news stories about Camp DaySpring and Cornerstone Conference IPHC. I will notify the camp office in writing of any other specifications.

All camp policies must be obeyed by every staff member. Major disobedience or defiance of authority will result in the staff member being sent home after parental notification. By signing below, you are agreeing to adhere and support all Camp DaySpring policies and guidelines including the statements in the above paragraphs.

Parent Signature: _____ Date: _____

Application Priority Deadline April 17, 2019

Application review will begin no later than the priority deadline. Applications received after this date will be accepted but will be considered only if positions are unfilled and the application is complete.