2022 Camp Fircroft Staff Application

If you would like to serve the Lord at CAMP FIRCROFT this summer as a staff person, just follow these seven steps….

**1. Choose the camp(s) in which you would like to serve!**

**\_\_\_\_\_** Elementary (Entering 3rd - 5th grade **July 5-9** - note: shorter week) Dean: Pastor Paul Wager 396-2276

 Staff reports at 10 AM for staff meeting on Monday, July 5th

\_\_\_\_\_\_High School (Entering 9th - 12th grade - & UNDER 18 - **July 11-16)**  Dean: Pastor Noah McKenzie 260-4265

 Staff reports at 10 AM for staff meeting on Monday, July 11th

\_\_\_\_\_\_Jr. High (Entering 6th - 8th grade – **July 18-23)** Dean: Pastor Rob Vest 430-7140 Staff reports at 10 AM for staff meeting on Monday, July 18th

**2. Choose whether you are applying to serve as:**

🞏Counselor 🞏Jr. counselor 🞏Dishwasher 🞏Maintenance Person Other:

**3. Fill in the information requested below!**

Name Age T-shirt Size: S M L XL XXL XXXL

Address

Phone Email/Facebook address Church

*(Unless cleared by the Camp Dean COUNSELORS for High School must be at least 2 years out of H.S; for Elementary & Jr. High, counselors must be at least 18.*

*JR. Counselors must be at least 16 years of age for* *Elementary & Jr. High Camp and Kitchen staff must be at least 14 years of age.)*

**Staff Medical History** *(Required for hospital admission):*

Please state any restrictions, physical impairments and necessary limitations of activities, or write “none”:

Known Allergies: Bee stings? If yes, reaction: Medically Required Dietary Restrictions:

Are all immunizations up to date? If no, indicate: Date of last tetanus shot:

Other pertinent medical or health issues (I.e., diabetes, asthma, heart problems, seizures, etc.):

**If under 18, parent/guardian please fill out the following:** Your date of birth

Name of student’s Physician Phone No.

**Medication Policy**: All medications, including over-the-counter, brought to Camp Fircroft **MUST** be checked in with the camp medical staff at registration. All prescription medications **MUST** be in the original container with the camper's name, name of medication and directions clearly marked on the pharmacy label by the pharmacist. If a prescription changes from that on the label, a written prescription for the changed dose **MUST** accompany the bottle. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions. **Medications not complying with this policy will NOT be given.**

Current Prescription Medications:

The following medications may be administered when deemed appropriate by the Camp nurse or medic. Please check any medication the staff member under 18 should NOT receive:

❑ Benadryl/Diphenhydramine ❑ Claritin/Loratadine

❑ Hydrocortisone 1% Cream ❑ Calamine/Calydryl

❑ Ibuprofen/Advil/Motrin ❑ Tylenol/Acetaminophen

❑ Tums ❑ Mylanta/Maalox

❑ Imodium ❑ Refresh Plus Eye Drops

❑ Triple Antibiotic Ointment ❑ Aloe Vera Gel with Lidocaine

❑ Throat Lozenges ❑ Betadine/Bactine/Hibiclens

I understand that my medical insurance is the primary insurance for my student and that Camp Fircroft insurance may not be adequate or may not apply to any injury my student might receive. The student named above is covered by medical insurance as follows: (or write "none"):

Insurance Company Policy or Group Number

I consent, in the event all reasonable attempts to contact me at (Phone #) or at (emergency phone #) have been unsuccessful, that Camp Fircroft may authorize hospitalization, anesthesia, surgery or other necessary medical treatment by a licensed physician or dentist for my student named above. I understand that this consent is given in advance of any specific treatment being required.

Signature of Parent or Guardian Date

**For all applicants:**

**4. Please use the back of this page to:** (1) Briefly describe your salvation experience and your devotional life and (2) Any previous Christian service you have performed. (3) If you are applying as a counselor or junior counselor, tell briefly how you would lead a young person to: a) faith in Christ, and b) an assurance of salvation.

**5. IF YOU ARE 18 OR OLDER, please complete the attached release authorization** for our *Child Protection Policy* background check*.*

**6. I have read and will support the Camp Fircroft doctrinal statement and Teaching Positions (attached)** **while serving at Camp Fircroft.**

Signature of applicant Date

**7. PLEASE NOTE - Give the completed form to your PASTOR!** (***Do not send it directly to the Camp Dean***. Your pastor will fill in his comments on the back of this sheet and forward your application to the Camp Dean(s).) You will be notified of the Dean’s decision.