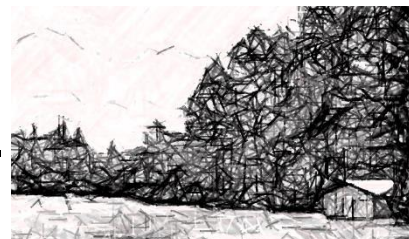


WPBC STAFF Application 2019



PLEASE PRINT AND FILL OUT COMPLETELY

HS Camp: July 7-13
MS Camp: July 14-20
4th & 5th Camp: July 21-27
VBS Camp: July 28-Aug 3

Whispering Pines Bible Camp Durango, Colorado

Name _____ Birthdate _____ MALE / FEMALE _____

Mailing Address _____ City _____ State _____ Zip _____

Staff Email Address _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

If a Minor: Name of Parent(s)/Guardian(s) _____

If a minor: Parent/Guardian's Employer and Street Address _____

Parent email: _____

TSHIRT SIZE:			
YOUTH:	SM	MED	LG
ADULT:	SM	MED	LG XL

EMERGENCY CONTACTS

In case of an emergency while staff is at camp, evacuation, or early dismissal:

1st Emergency Contact:

Name: _____ relationship _____ phone _____

Physical Address: _____

2nd Emergency Contact (if 1st contact cannot be reached)

Name: _____ relationship _____ phone _____

Physical Address: _____

What camps & positions are you applying for? Please note the age requirements for specific positions:

**Camp Director, Camp Teacher, Counselor, Head Cook, Cooking Helper, LiT Director,
 Music, LiT, Walk Around Leader, Medic, Game Master, Other**

	Age Requirements
VBS	LiTs= 12 years Walk Around Leader= 18 years
4th/5 th	LiTs= 15 years All other staff= 18 years
MS	LiTs= 17 years All other staff= 18 years
HS	All staff= 18 years

July 7-13	High School Camp (9-12 th)	Position _____
July 14-20	Middle School Camp (6-8 th):	Position _____
July 21-27	4th & 5th Grade Camp:	Position _____
July 28-Aug 3	VBS Camp (1 st -3 rd):	Position _____

Staff Questionnaire

- | | | |
|---|------------|-----------|
| 1. Have you ever been charged or convicted of a felony, child abuse, or an unlawful sexual offense, or charged or adjudicated a juvenile delinquent for any such offense? | <u>Yes</u> | <u>No</u> |
| 2. Are you currently under indictment or on probation for a crime? | <u>Yes</u> | <u>No</u> |
| 3. Will you give permission for Whispering Pines Bible Camp to look up any criminal or juvenile records, which you may have? | <u>Yes</u> | <u>No</u> |
| 4. Do you agree to be fingerprinted? | <u>Yes</u> | <u>No</u> |
-
5. _____ I have read and agree to abide by all doctrinal statements of WPBC and First Baptist Church of Durango.
6. _____ I have read, understand, and agree to follow the rules outlined in the personal conduct agreement.
7. _____ I agree to follow and support ALL camp rules (including NO cell phones), respect all staff in authority over me, attend all trainings and serve campers and staff to the best of my ability.
8. _____ I have read and agree to all the requirements in the job description for the position(s) I am applying for, including:
- 5 hours of training prior to 1st camp
 - During camp: Monday- Saturday, general times are 7am-11pm (see job descriptions for specifics)
 - Report to WPBC by 3pm the Sunday prior to camp
 - Release from WPBC by 5pm the Saturday at the end of camp

I declare under penalty of perjury (under the laws of the United States of America) that the foregoing is true and correct. I understand that any applicant who knowingly or willfully makes a false statement of any material or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C. R. S., and, upon conviction thereof, shall be punished accordingly.

Name (Printed) _____

Staff Signature _____

Date _____

CHILD ABUSE REPORTING

Under the "Child Protection Act of 1987" (C.R. S. 19—3—301) in the Colorado Children's Code, child care center workers are required to report suspected child abuse or neglect. The law at 19—3—304 states that if a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in "child abuse or neglect" means an act or omission in one of the following categories which threatens the health or welfare of a child: skin bruising, bleeding, tissue swelling, or death; any case in which a child is subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child is in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

If at any time a staff member reasonably suspects child abuse, it is the responsibility of that staff to report or to cause a report to be made of this suspicion to the local county department of social or human services at or the police department. It not staff's role to investigate suspected to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect ceits a class 3 misdemeanor and will be punished as provided in section 19—3—304 (4) (a) (b), C.R. S. The staff person could also be liable for damages "proximately caused thereby".

I have read and understand the above requirements concerning my responsibility regarding child abuse reporting.

Signature of Staff: _____

To report any suspected child abuse or if you have any concerns with the child care licensing of Whispering Pines Bible Camp, you can contact the Department of Human Services, Division of Child Care, 1575 Sherman St, 1st Floor, Denver, CO 80203-1714; 303-866-5958 or 970-259-5456

Your Faith

1. How long have you been a Christ Follower? _____

2. How did you become a Christ Follower and what has caused the most growth in your walk with Him? _____

3. Do you attend church regularly? _____ If so, where? _____

4. What ministry opportunities are you involved in and why do you feel God has placed you there? _____

5. Describe your interactions with non-believers _____

6. What kind of experiences have you had in working with children/teens and what have you learned?

7. Describe your personal devotional life _____

8. What personal qualities do you feel will contribute the most to WPBC programs? _____

9. What personal qualities do you feel will challenge your effectiveness as staff member? _____

10. What does being a "servant-leader" mean to you and how would you model that for campers and other staff members? _____

11. Describe any additional your work or camp experience that you have had: _____

12. List any current certifications you hold (CPR/1st Aid, EMR, ropes course, etc) or trainings you have had.

13. What can camp leadership pray for you about? _____

REFERENCES & BACKGROUND CHECKS

Name: _____ Phone: _____

How do you know this person? _____ Reference Check Date: _____

Letter of Recommendation: _____

Name: _____ Phone: _____

How do you know this person? _____ Reference Check Date: _____

Letter of Recommendation: _____

Name: _____ Phone: _____

How do you know this person? _____ Reference Check Date: _____

Letter of Recommendation: _____

Name: _____ Phone: _____

How do you know this person? _____ Reference Check Date: _____

Letter of Recommendation: _____

Physical/ Health Forms

❖ Date of last physical examination

[Empty box for date of last physical examination]

On file with WPBC? Y / N

❖ Past history of serious lacerations, injuries, illnesses, communicable diseases, or other concerns that may affect staff's ability to participate in camp activities: _____

❖ Allergies or Drug Reactions: _____

❖ Food Allergies and / or Dietary Restrictions _____

❖ Gluten _____ Lactose _____ Other (Please Explain) _____

Weekly menus are available upon request.

Parents/Guardians are responsible for supplying any substitutions of ingredients or foods due to allergies or food preferences.

* * * * *

Adults: Staff 18 yrs or older must complete the section below.

Adult Personal Health History Statement

I, _____, verify that I am healthy and am physically able to perform
(printed name)
the duties of _____ at Whispering Pines Bible Camp.
(title)

My medical history includes: _____

Additional information (including medicines I am taking): _____

Signed, _____ Date: _____

Minors: Staff less than 18 yrs of age must have a current physical filled out and signed by a licensed physician or qualified, licensed nurse practitioner in order to volunteer at camp.

This form is required by Colorado law and must be within the last 24 months of camp. If your doctor uses a separate form, make sure the information asked for below is included in that form, including shot records.

Staff Name _____ DOB _____

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows: _____

Signature of PHYSICIAN or NURSE PRACTITIONER _____ Date _____

Printed Name of PHYSICIAN or NURSE PRACTITIONER _____

Clinic/Hospital _____ Address _____

Phone (_____) _____

Immunization Records

NOTE: In order to comply with the School Immunization Act, all childcare facilities, including camps, must have children’s immunizations recorded on the official Health Department’s Certification of Immunization forms. These forms may be obtained from your doctor or from the CDHS website. If your child is exempt, an official exemption form for every vaccination must be on file.

Your staff registration will NOT be accepted without these record

On file with WPBC? Y / N

Authorization for Administration of Prescription & Over-the-Counter Medications to Minors

I hereby authorize the properly qualified health supervisor of Whispering Pines Bible Camp to administer medication which has been prescribed to the staff attending the above-named camp. Furthermore, I authorize WPBC to administer the listed over-the-counter products to this staff. Lastly, I authorize WPBC to apply sunscreen as needed.

Parent/Guardian Signature _____

Please list ALL medications, including over-the-counter, that the camper will be taking at the time of camp. A **physician** or RN MUST list any of the following items- with specific dosage information, otherwise your minor staff member will not be allowed to have it: **bug spray/bug bite relief, Hydrocortisone, Acetaminophen/ Ibuprofen, antihistamine, sunscreen, , Tums, sunburn gel, Benadryl, gas relief, antibiotic ointment and all vitamins/homeopathic products.**

<u>Name of Medication</u>	<u>Date meds started</u>	<u>Purpose of Med</u>	<u>Dosage</u>	<u>Time of day</u>

ALL medications have to be turned into the camp nurse at the time of check-in. By state regulations, staff cannot keep any medications with them (with the exception to some inhalers). The camp medic will make sure the staff takes the prescribed dosages at the proper times. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage, and the frequency of administration. Do not put pills in baggies/pill boxes. We must give the dosages as prescribed. If the dosage has been changed, make sure you bring a written doctor’s prescription that gives the adjusted dosage.

❖ PHYSICIAN or NURSE PRACTITIONER Signature _____ Date _____

❖ Parent(s)/Guardian(s) Signature (if a minor) _____ Date _____

Authorization for Emergency Medical Care

I give my permission to Whispering Bible Camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for myself/my minor child on staff should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Staff signature (if Adult) _____ **Date** _____

Parent(s)/Guardian(s) signature (if a minor) _____ **Date** _____

MEDICAL INSURANCE

All staff is covered by excess medical insurance and subject to the limits thereof, however, individual insurance is primary.

Insurance Company _____ Policy Number _____

Phone Number _____

Copy of Insurance Cards included

Doctor's Name _____ Clinic/Hospital _____

Address _____ Phone _____

Please note that all information must be complete or staff cannot be permitted to volunteer at camp.

* * * * *

WPBC Administrative Checklist

Application is complete Date _____ Admin Initials _____

References were checked Date _____ Admin Initials _____

Background Checks are submitted/ complete

o **CBI/FBI** Date _____ Admin Initials _____

o **Fingerprinting** Date _____ Admin Initials _____

o **CDHS** Date _____ Admin Initials _____

Post Camp Survey complete Date _____ Admin Initials _____

Notes: _____

