

# WPBC STAFF Application 2018



**Admin ONLY:**

**YOUTH:** SM MED LG

**ADULT:** SM MED LG XL

**High School Camp (9-12<sup>th</sup>): June 25 - 30**

**4th & 5th Grade Camp: July 9 - 14**

**Middle School Camp (6-8<sup>th</sup>): July 16 - 21**

**VBS Camp (1<sup>st</sup>-3<sup>rd</sup>): July 23 - 27**

Staff Name \_\_\_\_\_ M \_\_\_\_\_ or F \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) (if a minor) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

If a minor: Parent/Guardian Employer and Street Address \_\_\_\_\_

Email Address \_\_\_\_\_

## EMERGENCY CONTACTS

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

**1st Emergency Contact:** Name: \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact (if 1st contact cannot be reached)**

Name: \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

- 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? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- Are you currently under indictment or on probation for a crime? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- Will you give permission for Whispering Pines Bible Camp to look up any criminal or juvenile records, which you may have? Yes No
- Do you agree to be fingerprinted if required by law? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call/email Christina McMunn (WPBC Manager)  
office: (970)247-0624 cell (970)259-7773 email: [whisperingpines@firstbaptistdurango.org](mailto:whisperingpines@firstbaptistdurango.org)

## Physical Form

This form is required by Colorado law and must be filled out and signed by staff physician or RN in order to volunteer at 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 \_\_\_\_\_ Date of last physical examination  On file with WPBC? Y / N  
Exam must be done by a licensed physician or qualified, licensed nurse practitioner- who is NOT yourself (must be within the last 24 months of camp dates):

- ❖ Past history of serious lacerations, injuries, illnesses, communicable diseases, or other concerns that may affect camper's ability to participate in camp activities: \_\_\_\_\_
- ❖ Allergies or Drug Reactions: \_\_\_\_\_
- ❖ Food Allergies and / or Dietary Restrictions \_\_\_\_\_ Gluten \_\_\_\_\_ Lactose \_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

Please list ALL medications, including over-the-counter, that the camper will be taking at the time of camp.

<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.

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 \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Printed Name of PHYSICIAN or NURSE PRACTITIONER \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Authorization for Administration of Medications & Over-the-Counter**

I hereby authorize the properly qualified health supervisor of Whispering Pines Bible Camp to administer medication which has been prescribed to the camper attending the above-named camp. Furthermore, I authorize WPBC to administer any over-the-counter products to this camper, EXCEPT those that have been crossed off below.

Bug Spray   Hydrocortisone   acetaminophen   ibuprofen   antihistamine   sunscreen   antibiotic ointment   Tums  
Aloe sunburn gel   Benadryl   Caldryl Lotion   Gas Relief- Simethicone   Vitamin C

❖ **PHYSICIAN or NURSE PRACTITIONER Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

❖ **Parent(s)/Guardian(s) Signature (if a minor)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Immunization Records**

Please attach Colorado Certificate of Immunization that has the month and year for the following vaccines: Diphtheria-Tetanus-Pertussis (DTP or Baby Shots), Tetanus-Diphtheria (TD), Polio, Measles (Hard, Red), Rubella (German Measles), Mumps. Your camper registration is not complete without these records.

**On file with WPBC? Y / N**

**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 my child 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.

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

**MEDICAL INSURANCE**

All registrants are covered by excess camper medical insurance and subject to the limits thereof, individual insurance is primary.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Copy of insurance cards attached?

Parent Initials:

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

### 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 cites 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

**What camps & positions are you committing to? Please note the age requirements for specific positions:**

**June 25 - 30 High School Camp (9-12<sup>th</sup>)** \_\_\_\_\_

**July 9 - 14 4th & 5th Grade Camp:** \_\_\_\_\_

**July 16 - 21 Middle School Camp (6-8<sup>th</sup>):** \_\_\_\_\_

**July 23 - 27 VBS Camp (1<sup>st</sup>-3<sup>rd</sup>):** \_\_\_\_\_

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

#### Age Requirements

**VBS**

LiT= 12 years  
Walk Around Leader= 18 years

**4th/5th**

LiTs= 15 years  
All other staff= 18 years

**MS**

LiTs= 17 years  
All other staff= 18 years

**HS**

All staff= 18 years

# REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

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- I have read and agree to abide by all doctrinal statements of WPBC and First Baptist Church of Durango. \_\_\_\_\_
- 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. \_\_\_\_\_
- I have read and agree to all the requirements in the job description for the position(s) I am applying for. \_\_\_\_\_

## 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? \_\_\_\_\_

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3. Do you attend church regularly? \_\_\_\_\_ If so, where? \_\_\_\_\_ What services? \_\_\_\_\_

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

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5. Describe your interactions with non-believers \_\_\_\_\_

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

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7. Describe your personal devotional life \_\_\_\_\_

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

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

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

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

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

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13. What can camp leadership pray for you about? \_\_\_\_\_