

2010 Camp Staff Application Instructions



LOCATION: Singing Hills Conference Center, 71 King Drive, Plainfield, NH.

Directions: From Southern and Central Maine, take Route 95 south and Take EXIT 2 (RT-101) - toward EXETER/HAMPTON BEACH and continue on Route 101 west toward Manchester. Merge onto I-93 North toward Concord, and take I-89 North in Concord. Get off Exit 20 in West Lebanon, NH. At the end of the ramp, turn left onto Route 12A and then follow the directions below.*

From points north and west, take I-89 South. Get off Exit 20 in West Lebanon, NH. At the end of the ramp, turn right onto Route 12A.*

*Follow Route 12A south for 7 miles. At the bottom of a long hill, turn left onto **Stage Road** (sign points to Meriden). Singing Hills is 4 miles out on Stage Road on the left. A large wooden "Singing Hills" sign marks the end of their driveway. Bear left all the

way up the drive.

All applicants are required to complete the attached **Staff Application** and **Statement of Health form** before they can be approved to serve as camp staff. **The deadline is APRIL 26, 2010.** ***DON'T PROCRASTINATE!*** Early return of the completed forms will insure that sufficient and proper supervision is available at camp. An insufficient number of staff could result in numerous campers being denied the opportunity to participate. **New Hampshire accepts Maine Nursing Licenses** for practice in New Hampshire, so Maine nurses would not have to travel to Concord to apply for a license to be camp nurse.

IMPORTANT INSTRUCTIONS:

Fully complete the Camp Staff Application. Be sure that you have signed the applicant's statement section and that it has been witnessed. The Pastoral Certification signature is required for you to serve on the camp staff.

New Hampshire State Law requires that all staff and campers furnish health history and physician's certification that a physical examination has been completed within two years prior to the start date of camp. **All staff applicants** must fill out the **Statement of Health Form** and sign the designated area. If you have not had a physical within two years prior to the start date of camp, the Physician's Statement of Examination must be completed and signed by your doctor. However, the Statement of Examination section does not need to be completed **if you served on our 2009 camp staff and the two-year time requirement is satisfied.** We should have these records on file. Please call or email the District Office to find out if your Statement of Examination is up to date if you are not sure.

Staff applicants are approved only after receipt of positive responses from personal references and pastoral certification. Staff assignments are then made on a first approved basis. When the appropriate staff quota has been reached, staff assignments are discontinued. Approved staff will receive written notification and a camp staff manual prior to the start of camp.

If you have any questions, or are in need of further information, please contact:

The District Youth Department

1-(207) 878-2777 / Monday - Friday: 8:00 a.m. - 4:30 p.m.

Or E-mail: nmedkb@maine.rr.com



DENNIS W. MARQUARDT
Superintendent
GREGORY W. RANDALL
Secretary/Treasurer
EDWIN A. SHEARER
Director of Church Ministries

Northern New England District
Council of the Assemblies of God

PO BOX 611
PORTLAND, ME 04104-0611
PHONE: (207) 878-2777
FAX: (207) 878-2779
WEBSITE: www.nnedaog.org

Dear Staff Applicant,

Summer camp is just a few months away. Please take a moment to consider signing up to serve with us this year at one or more of our weeks of camp. Your involvement will make camp a great success!

By completing and returning this form you are applying for a volunteer position at the Northern New England District summer camp and giving approval for our office to perform a background check through Volunteer Select services.

Sadly in today's world the selection and volunteer process isn't as simple as it once was. I trust you will understand the purpose behind the background check and that you will not hesitate to apply. Our camps rely on volunteers from across Northern New England. By submitting to this routine background check you are helping to protect not only yourself and the NNE A/G, but most of all the children and teens who will be attending. Parents who send their campers trust that we are providing a safe and friendly environment for their children.

The information gathered will be used solely to determine the applicant's ability to serve at summer camp as a staff member during one or more of the 2010 summer camps sponsored by the Northern New England District.

Information received will not be shared with any person or institution without your written consent. However, a copy of your background check will be available to you upon signed written request. All applicants who are deemed ineligible based on their background check will receive a copy of the background check in the mail. (This does not include personal references or other confidential information.)

Additionally, if your local church has a current background check (run after July, 2007) your signature gives permission for them to forward a copy of the report to our office instead of running an additional report.

The Northern New England District Council, its staff, and the leadership cannot be held responsible for the content or outcome of the results of the background check. Should there be a discrepancy or problem with the information received the applicant should make contact in writing to the NNED using the published office address, Attention: Camp Staff Application.

NOTE: While some items, including minor traffic violations, may appear on a person's background check report, items of concern would be offenses that may hinder the person's ability to be an effective counselor/staff of minors during our summer camp season.

Once a person has been accepted for a volunteer position at our summer camps, they will be contacted via U.S. mail with expected arrival times as well as a camp staff manual. Every accepted person will be expected to remain at the camp for the duration of the week and be willing to abide by all guidelines as published in our staff manual (available online or upon request). If you have questions, please contact our office prior to making application.

Thank you for considering ministry to youth and children this summer. We cannot do it without volunteers like you.

Sincerely in Christ,

Rev. Ed Shearer
Director of Church Ministries

ES/kmb

NORTHERN NEW ENGLAND DISTRICT COUNCIL
2010 CAMP STAFF APPLICATION

Accepted: Y N
 S C B

P.O. Box 611 ♦ Portland, ME ♦ 04104-0611

☎ 1-(207) 878-2777 / Fax: 1-(207) 878-2779

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the district provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

PLEASE PRINT OR TYPE CLEARLY:

Full Legal Name: _____ Date of Birth _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Soc. Sec. #: _____ Driver's License #: _____

Present Occupation: _____ Email Address: _____

Have you used a surname other than indicated? _____ If yes, state name and explain: _____

Name you would like to have printed on your Staff Badge: _____

T-SHIRT SIZE: S M L XL XXL

POSITION DESIRED:

KIDZ CAMP
(July 12-16, 2010)

YOUTH CAMP
(July 19-23, 2010)

Group Leader

Asst. Group Leader

Jr. Group Leader (ROOM & BOARD = \$120.00/PERSON)
(Kidz Camp Only)

Lifeguard List certifications: _____

Nurse: RN License #: _____

(List state(s) where licensed)

Have you previously served on N.N.E.D. staff? Yes No If yes, when: _____

PERSONAL INFORMATION:

Marital Status: Married Single

Sex: Male Female

Health Status: _____ Do you use tobacco? _____ Drink alcoholic beverages? _____

Have you any physical handicaps or conditions preventing you from performing certain types of activities? Yes No

If yes, please explain: _____

Have you ever been convicted of a criminal offense (excluding minor traffic violations?) Yes No

If yes, please explain: _____

Have you ever been convicted of child molestation? Yes No If yes, please explain: _____

Have you ever been accused of child molestation? Yes No If yes, please explain: _____

CHURCH ACTIVITIES

Are you a Christian? _____ When Saved? _____ Baptized in the Holy Spirit (Acts 2:4) _____

How often do you pray? _____ How often do you read your Bible? _____

Name of church presently attending: _____ City/State: _____

Are you a member? Yes No If yes, how long: _____

List names and addresses of other churches you have attended regularly during the past five years:

List all previous church work involving children/youth (*identify church and type of work*):

List gifts, callings, training, education or other factors that have prepared you for children/youth work:

PERSONAL REFERENCES (REQUIRED) - Please PRINT CLEARLY

(Please furnish complete names and MAILING ADDRESSES / Do not list former employers or relatives.)

Name:	Name:
Address:	Address:
City / State / Zip:	City / State / Zip:
Phone: ()	Phone: ()

Name:
Address:
City/State/Zip:
Phone: ()

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give you any information (including opinions) they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by the Northern New England District, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature, which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

In addition, I give permission for NNED to run a background check through Volunteer Select, or for my local church to send in a copy of their current background check.

Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of the Northern New England District Council of the Assemblies of God, and to refrain from unscriptural conduct in the performance of my services on behalf of the District Council.

Applicant Signature: _____ **Date** _____

Witness: _____ **Date:** _____

Application will be denied if not signed by applicant's pastor below.

PASTORAL CERTIFICATION FOR CAMP STAFF:

I am personally acquainted with the applicant, and in my opinion he/she is a competent and qualified children's/youth worker. I know of no facts or allegations that raise any question concerning this person's suitability for working with minors in a camping ministry.

- The applicant **has completed a screening application** that is on file with this church.
- The applicant **has not completed a screening application** that is on file with this church.
- Our church **has run a background check** on the staff applicant (please send a copy to the District Office).

Pastor's Signature of Affirmation: _____ **Date:** _____

SUMMER CAMP STAFF ♦ STATEMENT OF HEALTH

PERSONAL INFORMATION:

Full Name _____ Birth date ____/____/____ Sex _____ Age _____

Address _____ City _____ State _____ Zip _____

YES NO A physical examination has been completed within 2 years of the start date of camp.

YES NO Record of current physical is now on file at the District Office.

If NO (to either question), then the Physician's Statement of Examination below must be completed by your doctor.

HEALTH HISTORY: Do not leave any lines blank. If not applicable, write "NONE".

Nose Bleeds: Yes No ADD/ADHD: Yes No

Seizures: Yes No Type: _____ Aura: _____

Diabetes: Yes No How Controlled? Insulin Oral Hypoglycemic Diet

ALLERGIES TO (Please Be Specific):

Medications: _____ Type of Reaction: _____

Environmental: _____ Type of Reaction: _____

Food: _____ Type of Reaction: _____

Migraines: Treatment: _____

Asthma: Yes No Inhaler(s): Yes No

Type(s) of Inhaler(s) and when Used: _____

Hearing Disability: Yes No Hearing Aids: Yes No

Visual Disability: Yes No Correct With: Glasses Contact Lenses Other: _____

HEALTH PROBLEMS:

Bone/Joint: Yes No Stomach: Yes No Heart: Yes No

Kidney: Yes No Lungs: Yes No Bowel: Yes No

Blood Pressure: Yes No Other: _____

Activity Restrictions: Yes No Reason: _____

FOR STAFF MEMBERS UNDER 18 YEARS OF AGE:

✓ PLEASE CHECK MEDICATION AND INDICATE DOSE:

1. PAIN/HEADACHES:

- Acetaminophen (Tylenol):
- Regular Strength (325 mg) How Many? _____
- Extra Strength (500 mg) How Many? _____
- Ibuprofen (200 mg) How Many? _____

2. ALLERGIES (ANTIHISTAMINES):

- Claritin (non-drowsy): _____
- Benadryl (Liquid): _____
- Sudafed: _____

3. STOMACH:

- Mylanta: _____
- Tums: _____
- Imodium: _____

4. SKIN TREATMENT:

- Neosporin
- Calamine Lotion
- Hydrocortisone Cream 0.5%

5. COLD/COUGH:

- Robitussin _____
- Cough Drops

6. SWIMMER'S EAR:

- Auro-Dri

PARENTS: IF YOU DO NOT FILL OUT THIS BOX, THE CAMP NURSE WILL CALL YOU FOR PERMISSION BEFORE GIVING YOUR CHILD ANY OF THESE OVER THE COUNTER MEDICATIONS.

★ AUTHORIZATION FOR TREATMENT:

To my knowledge, the information contained in this health history form is correct and the person herein described has permission to engage in all prescribed camp activities, except as noted.

I hereby give my permission to the medical personnel, selected by the camp director, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. The completed form may be photocopied for trips out of camp.

I also give my daughter/son permission to receive the above medication(s) when necessary during the week of Camp which will be administered by the Camp Nurse or her designee (if staff member is under 18 years of age).

♣ STAFF/PARENT SIGNATURE _____ Date _____

Physician's Name: _____ Telephone: _____

PHYSICIAN'S STATEMENT OF EXAMINATION

***Mandatory New Hampshire State law requires All Campers and Camp Staff to have a physical within 2 years of the start date of camp!
Current physical must be on file at the District Office.***

Patient's Name _____ Date of Birth _____

Special Medications _____

Allergies _____

Type of Reaction _____

Treatment Given _____

Physical Handicaps, Disorders, Diseases _____

Restricted Activities _____

Reasons _____

IMMUNIZATION RECORD

Has this Patient been immunized against the following (Please indicate the dates of immunizations):

LAST TETANUS SHOT: _____ **Hepatitis B:** _____

MMR: _____ **DTaP:** _____

Polio: _____

New Hampshire statutes require the student to have documentation of immunizations to attend camp, except in the case of a Medical Exemption or an appropriate parental objection. If either is the case, please attach a signed statement stating the exemption or objection to this form.

FEMALES ONLY:

Has this person menstruated? YES NO If YES, is her history normal? YES NO

Special Considerations _____

Physician's Name _____

Address: _____ City _____ State _____ Zip _____

Phone: (_____) _____ Fax: (_____) _____

Physician's Signature _____ Date _____

**PLEASE COMPLETE AND RETURN TO:
NO. NEW ENGLAND DISTRICT A/G ♦ ATTN: YOUTH DEPARTMENT
PO BOX 611 ♦ PORTLAND, ME ♦ 04104-0611
OR FAX TO: (207) 878-2779**