2018 - RETURNING
Summer Staff Application

Thank you for your interest in serving at Camp Gilead this summer. Enclosed you will find all the necessary documents for our staff application. Please use the instructions below as a reference guide for filling out the application.

Within this PDF you will find these documents:

- Staff Application
- Medical Record Form
- CBM Statement of Faith
- Background Check Authorization Form

1. Staff Application – It is necessary to fill it out in its entirety. This will help us get to know you.

2. **On a separate sheet of paper**, please write a brief testimony of **your salvation experience** including: when and how you received Jesus as your savior; and how He has worked in your life up to this point.

3. Medical Record Form – All summer staff MUST complete the medical form.

4. CBM Statement of Faith – Read and sign this form. If you do not completely agree, please explain.

5. Privacy Policy Acknowledgment Form – To be filled out by all those **18 and older** who are seeking employment with Camp Gilead.

6. Please **send a recent photo of yourself** with your completed application.

Incomplete applications will not be considered until complete. Please understand that everyone who applies will be considered but is not guaranteed a spot on our staff.

We will contact your references, review your presence on social media, and conduct up to three interviews (by phone or in person) with you as part of the application process.

Mail to:
Camp Gilead
Summer Staff Application
1445 Camp Gilead Dr.
Polk City, FL 33868

Or email a scanned copy (not a photo) to: campgilead.office@gmail.com

Position Descriptions

Senior Counselors -18+ years old

One of the most endearing strengths of Camp Gilead's ministry is its counselors. Counselors give care and leadership to a group of 10-12 campers each week. They intentionally invest in their campers helping them to have one of the best weeks of their summer, guiding them through the Word of God, and mentoring them to a closer relationship with Jesus Christ. Do you have a passion to see boys and girls come to Christ? Do you want to make a difference in young lives? Fill out an application today!

Junior Counselors - 16+ years older

Junior counselors help further the mission of Camp Gilead by investing in the campers' emotional, physical and spiritual well-being. They help provide an inviting and safe environment by assisting the senior counselors with direct oversight of campers. They are godly role models for campers and SALT members. Do you want to make a difference in young lives? Fill out an application today!

Media Specialist - 18+ years old

Memories can be tricky things. When you leave camp you can't stop thinking and talking about it; but within a few weeks you start to forget the names and faces. This is where the media specialist comes to the rescue. Aside from running audio and video for chapel sessions, the media specialist is also in charge of putting together high quality videos and online photo albums for campers. The media specialist is on the go all the time taking pictures and creating videos. Do you enjoy taking photos and creating meaningful videos? You may be a good fit for this position!

SALT Member - Students entering 9th-12th grades. *Must be at least 14 years old.

Do you want to experience camp from a brand new perspective by being on our service staff while learning leadership skills at the same? SALT (**S**ervice **A**nd **L**eadership **T**raining) members are hard-working young people who work behind the scenes to keep things looking great and running smoothly. They are involved in meal set-up and clean-up, housekeeping, critter care, yard work, etc. SALT is a program that helps build our staff from the inside. We are looking for teens who have a good attitude, teachable spirit, a heart for servicing others.

1445 Camp Gilead Drive
Polk City, FL 33868
(863) 984-1353
(863) 984-2067 fax
www.campgilead.com

Would you be interested in becoming a certified lifeguard? YES or NO

2018 – RETURNING SUMMER STAFF APPLICATION

POSITIONS APPLYING FOR:

(see position description page & mark all that apply)

____ Senior Counselor ____ Junior Counselor ____ Media Specialist

* There is a separate application for SALT members.*

Name _____ Gender _____ Age _____ Date of Birth _____/_____/_____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ E-mail _____

Social Security # _____-_____-_____ T-shirt Size S M L XL 2XL 3XL

Driver's License # _____ Issued by what state? _____ Do you have a **C**ommercial **D**river's **L**icense?_____

FAMILY INFORMATION (For applicants under 21 years of age)

Parents' Names _____ Home Phone (_____)_____

Address _____ Business Phone (_____)_____

City _____ State _____ Zip _____

Are your parents in agreement with you working at Camp Gilead?_____

CHURCH

Church Membership _____ How long? _____

Mailing Address _____ City _____ State _____ Zip _____

Pastor _____ Home Phone (_____) _____

Denominational Affiliation _____ Church Phone (_____) _____

EDUCATION

College/Location _____ Dates Attended _____

Major _____ Minor _____ Hours Completed _____

High School/Location _____ Dates Attended _____

Grade currently in (if applicable): _____ Extracurricular Activities: _____

What *current* first aid, CPR and/or water safety training do you have? _____

SOCIAL MEDIA:

FB _____ Twitter_____

Instagram _____ Snap Chat_____

Camp Experiences:

Have you attended Camp Gilead as a camper? _____ If so, list years: _____

Have you ever worked at another summer camp? _____ If so, what camp?_____

What positions did you fill?_____

List Job/Work Experiences:

1._____

2._____

3._____

List Ministry Experiences:

_____

_____

_____

_____

MINISTRY

On a scale of 1 - 5, rate your ministry skills in each of the following areas. [1 = low 5 = high]

_____ Counseling/Witnessing	____ Crafts	____ Promptness
_____ Leading Devotions	____ Drama	____ Neatness
_____ Singing		____ Respect for Authority
_____ Directing Recreation/Games		____ Concern for Others

With what age group do you feel most comfortable? _____ 5-8 _____ 8-12 _____ 12-18 _____ 18+

Do you play an instrument well? _____ Which one/ones? _____

What sports/hobbies do you enjoy?_____

PLEASE COMPLETE THESE QUESTIONS IN PARAGRAPH FORM

A. Why do you want to be on staff at Camp Gilead again?

B. What have you been doing to further your own spiritual growth?

C. How has God worked in your life this year? What has He been teaching you?

D. What outreach opportunities have you had so far this year?

E. Share a recent experience in which you were able to talk with someone about your faith.

F. What is your attitude about the Bible and what place does it have in your life right now?

G. How would you lead a young person to Christ? Please use Scripture references.

H. What personal goals would you have for this summer based on your experiences in the past?

I. List your personal strengths and weaknesses. Be honest! (We don't expect you to be perfect.)

J. What are your future vocational plans?

O. How certain are you of accepting a position if one is offered? (Please explain if any other opportunities are being considered for this summer.)

HEALTH

Can you perform all the essential functions of the position as described in the job description page? Yes No

If not, which of the essential functions can you not perform and what accommodations would be necessary for you to perform these functions?_____

_____

Are you presently under psychiatric care or counseling, or take prescription drugs for similar concerns? Yes No

If yes, please explain_____

AVAILABILITY ***Staff Training is required for Sr. & Jr. Counselors.**

Please mark your availability below. Preference in scheduling is given to those who are available all summer.

- ☐ May 23-27 Lifeguard Training
- ☐ **May 27-June 2 Staff Training***
- ☐ June 3-8 Elementary
- ☐ June 10-15 Middle School 1
- ☐ June 17-21 Primary
- ☐ June 24-29 Middle School 2
- ☐ July 8-13 Middlementary
- ☐ July 15-20 Teen
- ☐ July 22-August 4 Additional Weeks (Guest Camps)

BY MAKING APPLICATION:

- I understand that it is an honor to be accepted for a summer staff position at Camp Gilead; and I will be committing myself to serve others.
- I understand that my behavior and attitude is expected to model Christ-likeness at all times.
- I agree to abide by all the rules and regulations established by the Camp Gilead leadership.

REFERENCES **All references become the confidential property of Camp Gilead.**

Please do not include immediate family members.

Pastor or Church Staff Member

Name _____

Address _____

City _____ State ____ Zip _____

Phone (____) _____

Adult Friend

Name _____

Address _____

City _____ State ____ Zip _____

Phone (____) _____

Resident Assistant or Dorm Supervisor
(Adult friend if you are not in school.)

Name _____

Address _____

City _____ State ____ Zip _____

Phone (____) _____

Employer or Teacher

Name _____

Address _____

City _____ State ____ Zip _____

Phone (____) _____

I authorize investigation of all statements contained herein along with the references of parents, pastors, employers and the additional references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Camp Gilead from all liability for any damage that may result from utilization of such information. I understand, that as part of the application process, I consent to a criminal background check (18 years of age and older).

Applicant Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date_____

PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

_____

Employee/Contractor Name (Printed)

_____

Employee/Contractor Signature

_____

Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division

PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice

MEDICAL FORM

(This MUST be completed before registration can be finished)

NAME OF CAMPER_____Date: _____

Gender: ☐Male ☐Female DOB: _____

Parent 1: Phone: or

Parent 2 Phone: or

Health History:

ADD/ADHD	☐ Yes	☐ No		Ear Tubes	☐ Yes	☐ No	
Asthma/Inhaler	☐ Yes	☐ No		Heart Condition	☐ Yes	☐ No	
Bedwetting	☐ Yes	☐ No		Migraine Headaches	☐ Yes	☐ No	
Behavioral Issues	☐ Yes	☐ No		Sleepwalking	☐ Yes	☐ No	
Diabetes	☐ Yes	☐ No		* Drug Allergies	☐ Yes	☐ No	
Digestive Upset	☐ Yes	☐ No		* Other Allergies	☐ Yes	☐ No	

Please explain an answer of YES to any of the previous questions: ***(Allergies are written on a separate form)**

Please list past medical treatments that could affect this summer's camp experience, if any:

Does your child require an Epi-Pen? ☐ Yes ☐ No Reason:_____

If your child requires an Epi-Pen, please provide two labeled non-expired Epi-Pens; one for your child's counselor to carry with them and one to keep in the clinic. If you only have 1 Epi-pen, it will be given to the counselor. (Must be checked in with meds to nurse)

Do you want to be notified if we give any OTC medications to your child? ☐ Yes ☐ No

The camp cannot accommodate dietary preferences. If your child has an allergy, please fill out the allergy form.

Medications and Treatments

Will your child be taking any medications while at camp? **Medicine must be brought to camp in its original packaging. Medication NOT in original container will NOT be accepted.**

I approve the following over the counter medications to assist my child with symptoms as indicated by the product label (generic medication may be substituted): [CG will provide these meds]

Acetaminophen (Tylenol)	☐ Yes	☐ No		Pepto-Bismol	☐ Yes	☐ No	
Ibuprofen (Advil)	☐ Yes	☐ No		Benadryl	☐ Yes	☐ No	
Tums	☐ Yes	☐ No		Cough Drops	☐ Yes	☐ No	

I DO NOT WANT MY CHILD TO RECEIVE ANY OVER THE COUNTER MEDICATIONS: ☐

If any over-the-counter medications are sent to camp with your child, they **MUST BE IN THE ORIGINAL PACKAGE**.

A mixture of 50% alcohol and 50% vinegar solution will be placed in each campers ears after swimming. Do you want this done?

☐ Yes ☐ No

Date of last tetanus (DTP) booster: _____

IMPORTANT: Camp Gilead has a NIT FREE policy. Before your child arrives at camp, please make sure your child does not have lice or nits. During check-in, each child will be checked. If lice or nits are found, the child will not be able to attend camp until all lice and nits are removed.

Camp Gilead Medical Waiver and Release Form

As a parent/guardian of _____**,** I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my camper may sustain as a result of participating in any or all activities connected or associated with Camp Gilead. I understand that neither the camp nor the insurance company will be responsible for medical treatment or liability resulting from physical conditions existing prior to my child's coming to camp. I hereby give permission to the First Aid personnel selected by the Camp Director to provide routine health care, administer prescribed medications, and seek emergency treatment including arranging necessary related transportation, ordering x-rays, or routine tests. In the event that I cannot be reached, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named on this form. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I accept personal financial responsibility for any bodily or personal injury sustained while the camper is at Camp Gilead. I further agree to indemnify, hold harmless, and defend Camp Gilead, its Board members, executive officers, staff, volunteers, and employees from any and all claims for injuries, damages, or loss sustained by me or my camper arising out of, connected with, or in any way associated with Camp Gilead.

By signing this document, I hereby certify that the camper named on this form is in good health and may participate in all the activities, both on and off Camp Gilead's property, either by walking or riding in camp vehicles, including (without limitation): Bible-based instruction, hiking, canoeing, kayaking, tubing, low ropes course, paintball, and swimming. I affirm that the health information provided is correct and complete as far as I know.

I give consent for the camp to dismiss the camper, without refund, for behavior that Camp Gilead considers to be inappropriate. I will make arrangements immediately to bring him/her home.

I give permission to use any photographs, video, written material, and/or sound recordings including or by the camper for promotional or reporting purposes.

Parent Signature (if camper is under 18 years): _____ Date: _____

ALLERGIES

Camper's name: _____

List what the camper is allergic to and the **REACTION** to each.

1.

2.

3.

4.

5.

6.

If food allergy:

Will parent provide meals and snacks? ☐ Yes ☐ No

If yes, please label **<u>each</u>** food item with camper's name.

Can the camper monitor their own food? ☐ Yes ☐ No

If peanut allergy, can camper have items that peanut is NOT an ingredient, but package says that "it was made in a factory that also processes peanuts" ☐ Yes ☐ No

Can a camper be near others that eat peanut items? ☐ Yes ☐ No

Any other direction? (such as sitting separately, etc.)

If the camper is on a special diet, (and the camp can accommodate such diet) the cook must be informed. The counselor or camper MUST notify the cook before the camper goes through the line, so they may receive the appropriate meal.

Parent Signature: _____ Date _____

MEDICATION REGISTRATION FORM

Please fill out this form for any medications (Over The Counter (OTC), or prescriptions) supplements or vitamins your child has brought to camp. These items **MUST** be turned in to the nurse at check-in. **NO MEDICATION WILL BE ACCEPTED IF THIS FORM IS NOT FILLED OUT.** The Infirmary staff will then ensure that your child receives their medication/supplements.

Please NOTE: ***(Print out this form and bring it with you.)***

- **ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER.** (If you want to send just enough for the week, make sure it is in the original container.)
- Prescriptions **MUST** have the child's own name on it and cannot be shared with another family member / camper.
- Rescue inhalers will be labeled and given to their counselor to keep for them. Non-rescue inhalers will be kept in the clinic. These need to be checked in with their medications.
- Please place all medications in the appropriate size zip lock bag with their name on it.

Camper Name:

Medication # 1	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 2	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 3	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 4	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 5	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 6	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.

I hereby give permission to the nurse and/or first aid provider selected by the camp director to provide the prescribed medication listed above.

Parent Signature: _____ Date: _____