

## Camp Salvation Annual Staff Application

Rules for acceptance are the same for everyone without regard to race, color, national origin, sex, handicap or age.

### Personal Data

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender M/F \_\_\_\_\_ Marital Status: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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

Church address: \_\_\_\_\_ Pastor: \_\_\_\_\_

Please check off any certification you currently possess, and include a copy of the certification.

\_\_\_\_ CDL (transportation certified) \_\_\_\_ First Aid/ \_\_\_\_ Expiration date \_\_\_\_ First Responder

\_\_\_\_ CPR (Level \_\_\_\_\_)/ \_\_\_\_ expiration date \_\_\_\_ RN \_\_\_\_ LPN \_\_\_\_ CNA

If you have a certificate or a letter to verify your experience in BB/archery/boating/other please list and include:

Note: There is a chance that you will be transporting campers by vehicle, please include a copy of your driver's license.

Circle the positions you want to serve as a volunteer, and make sure to attach a completed job description for the desired position(s), which can be found at [www.campsalvation.com/information/forms](http://www.campsalvation.com/information/forms).

Counselor	Cook	Helper	Medical person	Maintenance	Recreation
Cleaning		Music	Office	Guest speaker	

Circle the 2016 Camp Dates you are planning to attend:

**Senior Week 1: June 20-25**

**Intermediate Week 1: June 27- July 2**

**Junior Week 1: July 5-9**

**Senior Week 2: July 11-16**

**Intermediate Week 2: July 18-23**

**Junior Week 2: July 25-29**

T-Shirt size needed: (Adult sizes)

S          M          LG          XL          2X          3X

Please contact the director of the week(s) you would like to volunteer. They would like to talk to you and know your intended week for planning purposes. We would like staff to report to Camp the night before the week starts. The directors would like to hold orientation and start team building. If you are able to do this, please show up at 7:00 p.m., dinner will not be provided.

**Feel free to copy this page if needed for personal use!**

**Staff Expected Behavior**

We want to see God work at Camp, so it is important that we pray and prepare ourselves to be a blessing at Camp. We do not expect staff to have everything in their lives in perfect order, but we do expect you to strive to be a good example in your attitude and manner of living. You are examples to these impressionable Campers and we want you to take that seriously by striving to honor God in your lives both on and off the Camp grounds.

**What to bring to Camp:** Excitement, a great attitude, Bible, notebook, pens, sleeping bag, blanket, pillow, and a **fitted sheet** to cover the mattress, personal hygiene items like soap, shampoo, towels, toothbrush and tooth paste, hair care items, deodorant, etc...

**Clothes:** There is a dress code at Camp and it is the same for everyone. No sleeveless shirts, all shorts need to come to the knee, and no tight or revealing clothing. We don't want to be a distraction to each other. Warm clothes for evenings and mornings, weather in the mountains can be cold in the evenings. It does rain so bring a rain jacket and more than one pair of shoes.

***\*Also, upon arrival, you will need to turn in any medications to the nurse with instructions for administration. All meds need to be in their original prescription containers.***

**What not to bring to Camp:** Don't bring a bad attitude to Camp or a desire to do wrong. Any "noise" that keeps us from hearing God at Camp; like non-Christian music, headphones, video games, internet surfing, inappropriate physical contact or clothing that is distracting. We want you to hear God better while you are here. Don't bring valuables that could be misplaced. There is zero toleration for drugs, tobacco, or alcohol.

**For Staff members under the age of 18:** In case of emergency I understand you will make every effort to contact me. If I cannot be reached, I give my permission to the physician selected by an authorized staff member to hospitalize, and give proper treatment to my child if necessary for the safety and well-being of my child and other people at Camp.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **I realize there are inherent risks involved in participating in activities at Camp and in signing this application I am accepting the risks *and promise to keep the Camp's rules and policies as stated above.***
- **I understand that a background check may be completed for me or I may be requested to *fill out an Initial Form.*** \*If you believe that this background check will disclose any other negative information, please attach an explanation of how the issue has been resolved and why we don't need to be concerned about it anymore.

*Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury according to section 18-8-503, C.R.S. and will be dealt with appropriately.*

**By signing below, you are consenting to the above guidelines unless otherwise noted.**

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**A complete Statement of Health must be sent with this form or brought with you to Camp.**

For office use only

Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Salvation Statement of Health

**This must be sent in every year, copies are not kept.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

## In case of emergency please contact:

1. Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

3. Other \_\_\_\_\_ Phone # \_\_\_\_\_

## Known Allergies and description of reactions:

\_\_\_\_\_

Has the camper had any Past Illnesses, Surgery, Accidents, or Chronic Health problems we should know about?  
(This information is for the Camp Nurse's use)

\_\_\_\_\_

\_\_\_\_\_

Describe any physical condition requiring the camp's special attention.

\_\_\_\_\_

Are all immunization shots current to date?

\_\_\_\_\_

***\*All medications must be turned in to the Camp Nurse upon registration in the original prescription containers. With permission and instructions from the parent or Health Care Provider before we can give them out.***

*In order for the Camp Nurse or first aid responder to administer medications they deem appropriate (and only according to their directions) please check any of these over the counter meds you would approve of, for fever, headaches, or body pains etc.*

\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_ Pepto-Bismol

\_\_\_\_ Ibuprofen (Advil, Motrin)

\_\_\_\_ Tums

\_\_\_\_ Antibiotic Ointment (for minor abrasions) Other \_\_\_\_\_ (If we have it)

The following is to be filled out by a licensed Physician or other Health Care Professional that has seen the individual in the last 24 months. Please attach a current physical if available. **This must be sent in every year, copies are not kept.**

Parent/ Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Health Care Provider:** This section to be completed by your health care provider only:

Date of last exam \_\_\_\_\_ (Needs to be in the last 24 months to be current\*)

Physical exam: \_\_\_ Normal \_\_\_ Abnormal-Please explain

\_\_\_\_\_

Recent weight \_\_\_\_\_ Height \_\_\_\_\_ Heart rate \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Respiratory System \_\_\_\_\_

I verify that (Camper's Name) \_\_\_\_\_

Is cleared to participate in all Camp activities unless otherwise stated.

Health Care Provider \_\_\_\_\_ Date: \_\_\_\_\_

Health Care provider's address \_\_\_\_\_

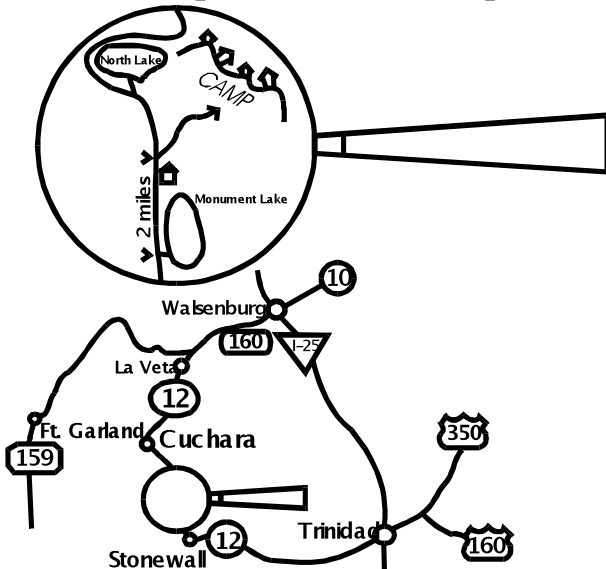
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

*\*If this Physical is over a year old, I affirm that no changes have occurred in my child's health over the last 24 months:*

*\*Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_*

Please keep this page for your information.

## Map to Camp



\*In the case of suspected abuse, notify the Camp Director and Las Animas County Department of Social Services at (719) 846-2276. Complaints about child care... Contact the Camp director and Colorado Department of Human Services at (800) 799-5876.

### Camp Salvation Schedule 2016

**Senior Week 1: June 20-25**  
**Intermediate Week 1: June 27- July 2**  
**Junior Week 1: July 5-9**  
**Senior Week 2: July 11-16**  
**Intermediate Week 2: July 18-23**  
**Junior Week 2: July 25-29**

#### What to Bring to Camp Checklist:

- Excitement and a great attitude
- Bible, notebook, pens
- Sleeping bag
- Heavy blanket
- Pillow
- A fitted sheet to cover the mattress
- Personal hygiene items
- Towel
- Clothes in dress code
- Heavy jacket
- Rain jacket
- Shoes
- Hiking shoes

Rules for acceptance are the same for everyone without regard to race, color,

Please submit applications as soon as possible, applications must be mailed in by June 1 to:

Camp Salvation Director:  
Tim Muth  
914 Carson Ave.  
La Junta, CO 81050  
(719)469-5612

After June 20<sup>th</sup>, applications may be mailed to:  
CAMP SALVATION  
17422 Rd 11  
Weston, CO 81091  
Camp phone: (719)868-3361