

## 2022 Boys Camp Staff Application

July 22-30, 2022

(Includes Required Pre-camp Training)

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_

Please include T-shirt size: \_\_\_\_\_

List any social networking groups or blogs you are associated with: (Facebook, Twitter, Instagram, Xanga, My Space, your personal Blog, etc.) Applicants must allow camp director access to all social networking pages.

Do your postings through social media exhibit you to be a growing follower of Jesus Christ? Yes  No

### CHURCH & FAITH INFORMATION

Use additional pages to answer the following.

Give examples that support your responses.

1. Do you think that you are a good Christian role model for boys and young men? Why do you think this?
2. What does living a morally pure life mean to you - are you living a morally pure life?
3. Are there areas that you struggle with that will make it difficult for you to work with young boys 24/7? If yes, please explain.
4. What is your vocational call and how do you share (or anticipate) sharing your faith in that vocation?
5. What is an example of how you have shared your faith with others recently?
6. What responsibilities do you fulfill in your church?
7. What does church mean to you?

Staff Name \_\_\_\_\_

8. What is missions and why do you want to serve God in camp this summer.

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**9. What do you personally want to receive as a result of your experience at camp?**

10. What is your personal testimony regarding your relationship with Jesus Christ – include a brief overview of your spiritual growth over the last year? *(Complete on a separate page)*

Are you an active church member?  Yes  No

If yes, where is your church membership?

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Pastor's name and phone number: \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

**PERSONAL EXPERIENCE WORKING WITH CHILDREN**

What experience have you had working with school age children and/or youth?

How comfortable are you in talking with children and/or youth about salvation?

Very comfortable  Comfortable  Uncomfortable

Comments:

Is there any reason that you cannot keep up with an active workday in a rustic camp setting? \_\_\_\_\_

If yes, explain *(use separate sheet, if necessary)*

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**SKILLS/EXPERIENCE – Indicate your experience/ability to lead in the following areas**

	SOME	EXTENSIVE	LEADER
Bible Study leader for children			
Bible Study leader for youth			
Song Leading			
Accompany Singing			
Recreation			
Certified Lifeguard			
Drama			
Puppets			
Clowning			
Cooking			
Photography			
Sign Language			
Archery			
Balloon Animals			
Arts and Crafts			
Sewing			
Interpretive Dance			
Nature			
Administrative			

Instruments played: \_\_\_\_\_

Other skills: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Be sure you check for and treat for Head lice before coming to camp** (several days/1 week and again the night before).

All staff are checked for Head Lice during check-in.

No staff with head lice will be allowed to stay and we want all staff to stay for the camp week.

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**Staff Name** \_\_\_\_\_

**2022 Boys Camp Staff Medical Form**

Name of the staff \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Telephone \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Company and Policy Number \_\_\_\_\_

**Medical Check-off List for Staff member**

Allergies – food, insects, plants, etc.     Yes     No

List: \_\_\_\_\_  
\_\_\_\_\_

What symptoms do you have and what is the treatment?

\_\_\_\_\_ Epi Pen \_\_\_\_\_ Benadryl    \_\_\_\_\_ None

List: \_\_\_\_\_  
\_\_\_\_\_

What symptoms do you have and what is the treatment?

\_\_\_\_\_ Epi Pen \_\_\_\_\_ Benadryl    \_\_\_\_\_ None

List: \_\_\_\_\_  
\_\_\_\_\_

What symptoms do you have and what is the treatment?

\_\_\_\_\_ Epi Pen \_\_\_\_\_ Benadryl    \_\_\_\_\_ None

If you require emergency medications, please include the allergy action plan that has been completed by your physician and signed by a parent/guardian (if under age 18).

Do you have any diet restrictions?     Yes     No

If so, please identify:

\_\_\_\_\_  
\_\_\_\_\_

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Do you have any of the following medical issues that we should be aware of. Please describe below.

Eating Disorder \_\_\_\_\_

Anxiety \_\_\_\_\_

Sleeping difficulty \_\_\_\_\_

Rashes \_\_\_\_\_

Other \_\_\_\_\_

**Any prescription medications that are to be given during camp must be accompanied by instructions from the prescribing physician and MUST be in their original pharmacy container.**

**\*\*\*Any medication that is otherwise presented will not be allowed to be given per State law.**

**\*\*\*List all prescriptions on Prescription page below.**

Over-the-counter medications must be in their original container and written instructions included with how they are to be given.(i.e. seasonal allergy meds, menstrual cramps, vitamins, etc)

**Please check off below for permission for camp nurse to administer over-the-counter medications:**

- Acetaminophen (Tylenol)     yes     no
- Ibuprofen (Advil, Motrin)     yes     no
- Diphenhydramine (Benadryl)     yes     no

The **Medications Form** that has been included is to be completed with names of medications, what they are given for, times to be given and any other special instructions. These will be kept by the nurse to make sure they are administered as directed.

**Staff may not have any medications in their cabins unless they are for emergency use (Inhalers and Epi-pens).**

In the event I need medical attention and am unable to sign for such attention in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for me.

I understand that the camp health personnel will care for minor injuries and pains according to the Camp Medical Standard Orders Sheet. (These include but are not limited to: stomachaches, headaches, bug bites, minor scrapes and scratches.)

I, \_\_\_\_\_, have completed and signed this form and give permission for any of the medications above to be given as directed. (Parent’s signature if needed for medical treatment)

**Staff Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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Staff Name \_\_\_\_\_

### Prescription Form

List all prescriptions you will be taking during camp

List the name of the prescription and the dosage for each day you will be at camp. If medicine needs to be taken at a time other than meals, please list the exact time prescription needs to be taken: (ex: evening: Bedtime, afternoon: 2:00 etc.) Make additional copies of form as needed.

Prescription One: \_\_\_\_\_

	Morning	Breakfast	Lunch	Afternoon	Dinner	Evening
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Prescription Two: \_\_\_\_\_

	Morning	Breakfast	Lunch	Afternoon	Dinner	Evening
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Prescription Three: \_\_\_\_\_

	Morning	Breakfast	Lunch	Afternoon	Dinner	Evening
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

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**COVID 19 Liability Release Waiver**

Due to the 2021-2022 outbreak of the novel Coronavirus (COVID 19), Boys Camp at Farmington along with Farmington Conference Center are taking extra precautions to protect our campers and staff with enhanced sanitation/disinfecting procedures in compliance with CDC guidelines.

Symptoms of COVID 19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID 19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID 19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID 19 in the past 30 days.
- I understand that Farmington Conference Center/Boys Camp at Farmington has taken all reasonable safety and sanitation precautions but cannot guarantee that I will not be exposed to COVID 19 while at camp, and that Farmington Conference Center/Boys Camp at Farmington cannot be held liable for any possible exposure.

By signing below, I agree to each statement above and release Farmington Conference Center/Boys Camp at Farmington from any and all liability for unintentional exposure or harm due to COVID 19.

Name \_\_\_\_\_ Date \_\_\_\_\_

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

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Staff Name \_\_\_\_\_

**If you have had a fever for any reason, consult a physician, so that if it is something else, the doctor can clear you to attend camp!**

### **HEALTH MONITORING BEFORE COMING TO CAMP! COVID-19 INSTRUCTIONS**

**Please complete this “Daily Health Monitoring Form” for 14 days prior to staff check-in date. Use the copy included so that you can answer the questions below and bring with you to check-in!**

**We are including a Daily Health Monitoring Form (Pg.7) to assist you as you monitor your health before coming to camp check-in.** People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

**People with these symptoms may have COVID-19:** Each staffer will be asked the following questions at check-in. Bring with you the chart (online or hard copy) to show that you have checked for the required time period before coming to camp. In the questions below, Your Name.

1. Have you had a fever (100.4 or above) or chills? Check daily.

No

Yes

2. Have you had a cough or difficulty breathing (not related to asthma or allergies)?

No

Yes

3. Have you had unexplained muscle aches or fatigue?

No

Yes

4. Have you had Nausea, vomiting or diarrhea?

No

Yes

5. Have you had a new loss of taste or smell?

No

Yes

6. Have you been diagnosed with COVID 19?

No

Yes

7. Have you been in close contact with someone diagnosed with COVID 19 or been exposed to someone with symptoms or a confirmed or suspected case.

No

Yes



## 2022 Boys Camp Staff Application

Staff Name \_\_\_\_\_

### Daily Health Monitoring Form for 2022 Boys Camp

**Please put in the actual temperature each day for the Daily Temperature Log. For all other questions, answer yes or no to all questions**

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Daily Temperature Log														
Have you had cough or breathing difficulty (not related to asthma or allergies?)														
Have you had unexplained muscle aches or fatigue?														
Have you had nausea, vomiting or diarrhea?														
Have you had a new loss of taste or smell?														
Have you been diagnosed with COVID - 19?														
Have you been in close contact with someone diagnosed with COVID-19 or been exposed to someone with symptoms or suspected case of COVID-19?														

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Staff Name \_\_\_\_\_

**REFERENCES**

Name (pastor) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**LEGAL INFORMATION**

Are you licensed to drive a car? \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged with a crime including a traffic violation? \_\_\_\_\_

If yes, please explain on a separate page.

Have you ever been investigated for, charged with, or convicted of a crime against a child? \_\_\_\_\_ If yes, explain using an additional sheet if necessary.

Please sign and date: I verify that the information I have given is correct. I give permission to the Farmington Conference Center to do a police background clearance check on me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

I will attend Pre-camp Training (Required) and Boys Camp Week July 22-30, 2022.  Yes  No

I agree that the information in this application is true. If asked to serve on camp staff, I am willing to abide by all camp rules. I will assume my responsibility to the best of my ability. I commit myself to serve as a dedicated camp staffer.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Mail this application to: Farmington Conference Center - P. O. Box 148 – West Farmington, ME 04992