

**Camp DaySpring**  
**STAFF Registration Form**  
**2010**

Last Name			First Name			Middle Initial			Week Working														
									Grades 9-12 June 16-20 <input type="checkbox"/>			Grades 7-8 June 23-27 <input type="checkbox"/>											
Driver's License # & State			Expiration Date			Date of Birth			Male <input type="checkbox"/>			Female <input type="checkbox"/>											
									Grades 4-6 June 30-July 4 <input type="checkbox"/>			Grades 1-3 July 7-11 <input type="checkbox"/>											
									Social Security #														
Address									Telephone Numbers with Area Codes														
									Home ( )														
									City, State, Zip						Work ( )								
									Email						Cell ( )								
Status									Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>														
									Birth City & State														
IF NOT AVAILABLE IN AN EMERGENCY NOTIFY: (PREFERABLE RELATIVES)									Telephone Numbers with Area Codes														
Name									( )														
Name									( )														
Insurance Information			Name of Company						Check here if you are not covered by insurance <input type="checkbox"/>						Policy/Group Number								
			City						Telephone Number														
									( )														
Employment			Employer/Address/Phone #						First Time Staff														
									Yes <input type="checkbox"/> No <input type="checkbox"/>														
T-Shirt Size			Small <input type="checkbox"/>		Medium <input type="checkbox"/>		Large <input type="checkbox"/>		X-Large <input type="checkbox"/>		XX-Large <input type="checkbox"/>		XXX-Large <input type="checkbox"/>										
Church You Attend			Christian Experience (Please check all that apply)																				
			Saved <input type="checkbox"/> Sanctified <input type="checkbox"/> Sprit Filled <input type="checkbox"/> Church Member <input type="checkbox"/>																				
List Church Positions Held, Church, Dates																							
Please number your top 3 choices with 1 being the position you would most like to fill.			Challenge Course Operator*			Counselor			Kitchen Server			Dishwasher/Potwasher			Cook			Medic/Nurse*			Team Game Assistant		
			Lifeguard*			Canteen Worker			Canteen Coordinator			Challenge Course Belay*			Kitchen/Dinning Room Cleaner			Please check any of the following certifications that you hold: *					
															Ropes Course <input type="checkbox"/> Zipline/Tower <input type="checkbox"/>								
												CPR <input type="checkbox"/> First Aid <input type="checkbox"/>											
												Lifeguard <input type="checkbox"/> Other _____											

**\*Please include a copy of your certifications with your application.**



<b>Office Use Only:</b>		<b>Campers Under 18:</b>	
Date Received _____		Contingency Mailed _____	
Week(s) _____		Contingency R'cd _____	
Position _____		Camper App. R'cd _____	

Special Medical Problem, Conditions or Restrictions:						
List Medicines You are Currently Taking:						
Any Food Allergies or Special Diet Needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:						
Any allergies (including medicines)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:						
Please list any illnesses or diseases that you have experienced that may affect how you are treated medically:						
Date of last Tetanus Shot ____/____/____						
Name of Physician					Physician's Phone Number	
					(_____) _____	
Do you use or abuse:		Alcohol	Illegal Drugs	Tobacco	Pornography	OTC/Prescription
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with a felony or convicted of a criminal offense? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain on a separate paper.						
Do you submit to a criminal background check? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>You must submit to a background check to be eligible to work at Camp DaySpring</b>						
Personal References (not former employers or relatives; must be filled out completely)						
Name		Address			Telephone	

**Staff Signature**

Date:

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian: (If Staff Member is Under 18)**

Date:

\_\_\_\_\_

\_\_\_\_\_



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I understand and agree to the following:

As a staff member I am expected to be a constructive member of the staff, contributing in every way possible to the Camp's success, to be a companion and guide to the campers and assume responsibility for their spiritual and physical welfare, to pray for unconverted campers and seek to lead them to Jesus Christ, to pray for campers to grow in the Lord, to be willing to go beyond the call of duty when needed, to prepare for the responsibility before camp begins, to be present for staff meetings, to voice criticism ONLY to the person who has direct charge over my work area, to fulfill to the best of my ability the responsibilities listed in my job description. I understand that Camp DaySpring has the right to dismiss me if I am not in compliance with Camp DaySpring policy.

I authorize Cornerstone Conference-IPHC and Camp DaySpring to request any/all police/sheriffs departments to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is local, state or national and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriffs departments from all liability that may result from any such disclosures made in response to this request.

The information contained in this application is correct to the best of my knowledge. I authorize any employer, reference or church listed in this application to give you any information they may have regarding my character and fitness for children/youth work, and I release all such references from liability for any damage that my result from furnishing such evaluations to you. Should my application be accepted, I agree to be bound by the Constitution and Bylaws and policies of the International Pentecostal Holiness Church and I further agree to refrain from unscriptural conduct in the performance of my services on behalf of this camp.

I understand that in the case of an accident or emergency, Camp DaySpring provides secondary insurance that takes effect only after the staff workers insurance has paid.

No extreme clothing such as see-through tops, midriiffs, halter-tops, tank tops, spaghetti straps, suggestive pictures or phrases, and shorts above finger tips when extended are permitted. Clothing and jewelry shall not advertise any secular bands or contain any wording, picture, image, insignia or graphic that is crude, vulgar, profane, sexually suggestive, or which advocates the use of alcohol, drugs violence or other disruptive behavior. Shoes and shirts must be worn at all times, except when participating in activities that require they be removed. Casual wear, other than shorts, may be worn to services. I understand that I am here to set an example to the campers and if a Dean or other person in authority over me request that I change due to not being in compliance with the dress code, I will do so promptly and without complaint.

My signature on this form, indicates that barring any emergency or unforeseen circumstance, I will be at Camp DaySpring on the weeks checked to fulfill my duties. If I am unable to work at Camp DaySpring on the weeks checked, I will contact the office as far in advance as possible so they can make arrangements to fill my position.

**Staff Signature**

Date:

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**I highly recommend this peson as a Camp DaySpring Staff Member!**

**Pastor Signature (form cannot be accepted without this)**

Date:

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**For the week(s) of camp that you are working you should report to the main lobby by 3:00 pm on the first day of each session for a staff meeting. If you are unable to be here for the first staff meeting, please contact Meredith at 877-367-9622 x. 111 or mcrary@ccrdc.org.**

**Staff Members under the age of 18 please read the following, sign it and have your parent/guardian sign.**

Because you have not yet completed the 12th grade or are under the age of 18, your working as a Staff Member at Camp DaySpring is contingent on the fact that you must attend camp the week of June 16-20, 2010 for Grades 9-12 as a camper. If you do not attend this week as a camper you will not be allowed to work on staff for any week of camp for the 2010 season. Thus, your application will be rendered void.

I understand and agree to attend Camp DaySpring as a camper for June 16-20, 2010 and will turn in my camper application as soon as possible if I have not already done so.

**Signature of Staff under 18:**

Date:

\_\_\_\_\_

\_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for my child. My child's physician or his/her office should be contacted, if possible. My child has permission, without restriction, to participate in all snacks, regular and special programming, unless I notify the camp otherwise in writing. I understand and realize that Camp DaySpring will follow safety procedures and safety precautions and that all physical activities include a certain risk and that Camp DaySpring assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that field sports, team games, climbing wall, zip line, paintball, crafts, swimming, canoes, paddle boat, paintball gallery, indoor and outdoor games, and other camp activities include certain risk and dangers. These risk include, but are not limited to, loss of or damage to personal property, injury or fatality. In consideration of the right to participate in all Camp DaySpring activities, when it does not interfere with staff members duties or with campers being able to participate, the services and food arranged (when applicable) for my child by Camp DaySpring, and it's agents, servants, employees and volunteers, I have assumed all of the above risks and intending to be legally bound hereby, will hold Camp DaySpring and it's agents, servants, employees and volunteers harmless for any liability which may arise out of or in connection with any activities arranged by Camp DaySpring, it's agents, servants, employees and volunteers. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors. I also give permission for Camp DaySpring to use my child's name, voice, testimonial and/or picture in any type of promotional material, press releases, and news stories about camping, Camp DaySpring, Cornerstone Conference or IPHC. I understand I can notify the camp office if this is unacceptable.

**Parent/Guardian Signature**

Date

