

2019 Camp Phillip adult volunteer staff application

Name _____
 Street address _____
 City _____
 State _____ Zip _____
 Phone _____
 E-mail _____
 Sex (circle one) Male Female
 Church name _____
 Church denomination _____
 Church city _____
 T-shirt size (for staff t-shirt) _____

Check all that apply:

I am interested in serving as:

- Health care staff Kitchen staff
 Maintenance help Other
 Program supervisor _____

Children attending camp

- Send me a registration form for my child/ren (please note camper age groups for sessions).
 I would like to apply for financial assistance for my child/ren to attend camp.

Lodging at camp

Male and female counselors sleep in the cabins with the campers. Other staff may stay elsewhere.

- While I volunteer, I have camping equipment in which I will sleep. Please reserve a campsite for me (specify electric or non-electric).
 I would like to stay in the other cabins reserved for staff.

Sessions during which you prefer to serve
Please prioritize 1st, 2nd and 3rd choices (make a note if you would like to help during more than one week).

| Session | Dates | Ages | Notes |
|----------|-----------|-------------|--------------------|
| ____ 241 | 6/9-6/14 | High school | Jr Staff |
| ____ 242 | 6/14-6/16 | Families | Family Fest |
| ____ 251 | 6/16-6/19 | K-2nd grade | Pee Wee 1 |
| ____ 252 | 6/16-6/19 | 2-4th grade | Fledgling 1 |
| ____ 261 | 6/23-6/29 | 4-6th grade | SS1 & Spec |
| ____ 271 | 7/1-7/5 | | <i>Jesus Cares</i> |
| ____ 281 | 7/7-7/13 | 6-8th grade | SS2 & Spec |
| ____ 291 | 7/14-7/17 | K-2nd grade | Pee Wee 2 |
| ____ 292 | 7/14-7/17 | 2-4th grade | Fledgling 2 |
| ____ 293 | 7/17-7/20 | 5-8th grade | Son Rise |
| ____ 301 | 7/21-7/27 | 3-5th grade | SS3 |
| ____ 311 | 7/28-8/3 | 6-8th grade | SS4 & Spec |
| ____ 322 | 8/4-8/10 | 4-6th grade | SS5 & Spec |
| ____ 331 | 8/11-8/14 | K-2nd grade | Pee Wee 3 |
| ____ 332 | 8/11-8/14 | 2-4th grade | Fledgling 3 |

Comments: _____

Questions

If this is your first time volunteering at Camp Phillip, please answer the following questions on a separate sheet of paper.

- 1) What will you contribute to Camp Phillip as an adult volunteer?
- 2) What do you want to receive by serving as an adult volunteer?
- 3) In your own words explain who Jesus Christ is and what your relationship is with Him.

Return form to:
 Camp Phillip adult volunteer application
 W9944 Buttercup Ave
 Wautoma, WI 54982-7032

Legal information

A criminal background check may be carried out for adult staff. The program we use requires that an applicant's written authorization be obtained in a document that consists solely of the disclosure. For that reason your application must also include the form that follows this application.

Please read carefully. A check-mark indicates your agreement.

- I authorize the investigation of all statements herein and release Camp Phillip and all others from liability in connection with them.
- I understand that untrue, misleading or omitted information may result in dismissal, regardless of the time of discovery by Camp Phillip.
- I agree to uphold and adhere to the confessions and doctrines of the WELS.
- I understand that by accepting a position at Camp Phillip I will be committing myself to serving others and that my behavior and attitude will be examined in terms of my modeling and ministry to others.
- I understand that unacceptable behavior may result in dismissal as outlined in the staff manual.

Signature _____

Date _____

Please note:

- The information on the application is requested for the purpose of evaluating the applicant for a position with Camp Phillip.
- Applicants who are not members of a church in fellowship with the WELS (or ELS) may still volunteer at camp in areas of service where camper supervision is limited. This will minimize the expression of inter-denominational differences in faith and practice.
- As far as we understand applicable laws, the IRS allows volunteers at Camp Phillip to receive lodging and meals in order for them to fulfill their volunteer obligations without incurring out-of-pocket expenses. Since these meals and lodging are for the above purpose, they are not considered taxable income.

Camp Phillip's background check disclosure

Mission: Camp Phillip provides relaxation in creation and renewal in Christ to Wisconsin Evangelical Lutheran Synod (WELS) youth, adults, families, churches and schools throughout the year.

Disclosure: Camp Phillip reserves the right, in its discretion, to conduct criminal background checks and motor vehicle checks.

Instructions: This background check disclosure must be completed before you can be considered for service with Camp Phillip.

Applicant/employee name (first, middle & last) **printed** _____

Present address _____

Present city, state & zip _____

Permanent address (if different from above) _____

Permanent city, state & zip (if different from above) _____

Have you been convicted or are you currently under investigation for any crimes as a felon or sexual predator?
Yes ____ No _____. If "Yes", please explain on the back of this form.

The following requested information is for identification purposes only:

Sex (circle one) Male Female Date of birth (mm/dd/yyyy) _____ / _____ / _____

Social security number _____ - _____ - _____

Telephone number (_____) _____ - _____

Email _____

Driver's license state _____ Driver's license number _____

Please list counties and states of residence for the past seven years:

County _____ State _____ Dates of residence _____

County _____ State _____ Dates of residence _____

County _____ State _____ Dates of residence _____

I understand and agree to the following:

1. I certify that the facts set forth in this disclosure are true, correct and complete without misrepresentation or omissions of any kind whatsoever.
2. I authorize the investigation of all statements herein and release Camp Phillip and all others from liability in connection with them.
3. I understand that this disclosure is intended for evaluating my qualifications for service.
4. If I am offered a position of service, I will, as a condition of service, be required to submit proof of my identity.
5. This information will be kept strictly confidential.

Signature _____

Date signed (mm/dd/yyyy) _____ / _____ / _____

Return form to:

Camp Phillip adult volunteer application
W9944 Buttercup Ave
Wautoma, WI 54982-7032

Adult health form

Session # _____ Dates _____ Last name _____

Wisconsin administrative code HFS 175.14 (2) requires that each adult must provide an up-to-date health history.

Please return this form at least 4 weeks prior to arrival at camp.

Send to: Camp Phillip W9944 Buttercup Ave Wautoma, WI 54982 or fax to: (920) 787-0032.

Participant's information

Name _____
Date of birth _____ Age ____ Sex: Male Female
Home address _____
City _____
State _____ Zip+4 _____
Home phone + area code _____
Cell phone + area code _____
Work phone + area code _____

Emergency contact

Name _____
Relationship to camper _____
Home phone + area code _____
Cell phone + area code _____
Work phone + area code _____

Dentist

Name _____
City _____
Phone + area code _____

Family physician

Name _____
City _____
Phone + area code _____

Health history

Check all that apply and explain:

- ADD or behavioral disorders _____
- Asthma _____
If so, do you have an inhaler? Yes No
- Bed wetting _____
- Bleeding/clotting disorders _____
- Convulsions _____
- Diabetes _____
If so, do you monitor blood sugar? Yes No
If so, what is the frequency? _____
- Epilepsy _____
- Frequent ear infections _____
- Heart defect / disease / problems _____
- Hypertension _____
- Psychiatric treatment _____
- Skin disorder _____
- Sleep walking _____
- Stomach problems _____

Check all that apply and give approximate month and year:

- Chicken pox _____
- German measles _____
- Measles _____
- Mononucleosis _____
- Mumps _____

Date of last tetanus shot _____

Check which of the following can be given if necessary:

- Antacid Benadryl Cough drops/syrup
- Decongestant Ibuprofen Tylenol

Please list all allergies (including food, drug & environmental)

Is camper allergic to bee stings? Yes No

Please share any other health information or physical conditions that may need special consideration (attach additional pages if necessary):

Insurance information

Should there be any medical expenses resulting from an accident at camp, Camp Phillip's insurance policy requires us to file with the participant's insurance first; any part of the bill not covered by the participant's insurance can then be filed with the camp's insurance company. Bills from an illness requiring medical attention are the responsibility of the participant.

Do you carry medical, health or hospital insurance? Yes No

Carrier _____ Address _____
City _____ State _____ Zip+4 _____
Phone _____ Policy or group # _____ Participant's social security # _____

→ Please turn to the back side.

Medications

Wisconsin administrative code HFS 175.14 (6) requires that “all medications brought to camp shall be in containers that are clearly labeled to include the name of the camper, the name of the medication, the dosage, the frequency of administration and the route of administration. All medication prescribed by a physician shall, in addition, be labeled to include the name of the prescribing physician, the prescription number, date prescribed, possible adverse reactions, the specific conditions when contact should be made with the physician and other special instructions as needed.”

If this information is not provided on the medication, please use the chart below (or additional paper) to supply that information.

| | | | |
|--|--|--|--|
| Name of medication | | | |
| Dosage | | | |
| Frequency | | | |
| Route | | | |
| Possible adverse reactions | | | |
| Specific conditions when contact should be made with the physician | | | |
| Other special instructions | | | |

Consent for emergency treatment, assumption of responsibilities and risk and release of liability

- ✓ With or without a doctor’s advice, I give my permission to engage in all camp activities except those listed herein.
- ✓ I take responsibility for informing health care staff of any changes in my health condition upon arrival at camp and give them permission to administer routine medications.
- ✓ In the event I cannot give consent during an emergency, I hereby give permission for any medical treatment or hospitalization as needed. I also agree to be liable for any and all costs involved in such treatment.
- ✓ While camp staff strive to reduce risks to participants, accidents can and do occur. I understand that there is inherent risk involved in camp activities which is beyond Camp Phillip’s control. [We must inform you that potential accidents in camp programs may include, but may not be limited to: blisters, insect stings, sunburn, sprains, cuts, bruises, dislocations, fractures, concussion, spinal cord damage or even death.] I agree to personally assume such risks.
- ✓ I release Camp Phillip, and other sponsoring agencies, their employees and volunteers from all liability for any damage, injury or loss which may be sustained en route, during or returning from camp.
- ✓ My signature below affirms my understanding and agreement with the above statements.

Participant’s signature _____ **Date signed** _____

Physical exam (optional)

If you choose to provide us with this information, it must be completed by a qualified physician, registered nurse or other person recognized by law to undertake that responsibility. Use this form unless another recently completed form is available.

Date of exam _____ Person performing exam _____ Title _____
 Address _____ City _____
 State _____ Zip+4 _____ Phone + area code _____

- 1) In my opinion, the applicant’s condition (check one) would would not allow for participation in an active camp program.
- 2) The applicant is under the care of a physician for the following condition/s:
- 3) List any current treatments and medications currently being taken:
- 4) List any treatments to be continued at camp:
- 5) Explain below any recent loss of consciousness, convulsions or concussions:
- 6) Does applicant have any seizure disorders? Yes No Does applicant have diabetes? Yes No
- 7) List any medically prescribed meal plan or dietary restrictions:
- 8) Allergies (food, drugs, environmental, insects . . .)
- 9) Additional health information:

Examiner’s signature _____