



2017 STAFF APPLICATION

- Teen Camp (June 12-17)** WORKING WITH GRADE 7 THROUGH 2017 GRADUATES
- Junior Camp (June 19-24)** WORKING WITH GRADES 3 THROUGH 6

GENERAL INFORMATION — *please print*

Name: _____

Mailing Address: _____

Email Address: _____

Date of Birth: ____/____/____ Gender: _____ Phone Number: _____

Emergency Contact Person: _____

Daytime/Nighttime Phone Number(s): _____

Sending Church, City: _____

I AM APPLYING FOR THE FOLLOWING STAFF POSITION(S)**

Administration: Dean Nurse Maintenance

Camper Ministries: Counselor Asst. Counselor Recreation Teen Staff Crafts

Kitchen Ministries: Head Cook Asst. Cook

**Parent's initials
for teen staff:**

** If applying to serve at both camps, please complete just one form, but mark both weeks at the top of this page.
If applying for different staff positions for the different weeks, indicate with a **T** [Teen Camp] or **J** [Junior Camp].

Pastoral Recommendation and Background Screening

"I certify that this applicant is a member in good standing of this local church. I commend this applicant to serve the Lord in the ministry of Camp Tishomingo."

Church Name: _____

Pastor's Signature: _____ Date: ____/____/____

By completing this form and signing on the reverse side, the applicant authorizes Camp Tishomingo to complete a background check. In order to complete this check, we need to know your full legal name and your social security number. You can provide that information here, or, you can contact Pastor Tom Petro (928-379-0180) and give it directly to him.

Full legal name _____ SSN _____



Medical Information

Personal Physician, Phone #: _____

Insurance Company, Policy #, Phone #: _____

PLEASE LIST ANY ALLERGIES: _____

Other Medical Conditions: _____

Approximate Date of last DPT: ____/____/____ **Please check any condition that you have a known history of:**

- | | | | |
|--|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Rashes |
| <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Stomach Ache | <input type="checkbox"/> Sinus Condition | <input type="checkbox"/> Bed Wetting | |

Policy for Dispensing Medications, Constant Medical Attention, and Emergencies

For Teen Staff: Medication will be dispensed by the Camp Nurse or other authorized adult staff member. Medication will be given only with the permission of the parent, as indicated by signature below. This includes prescription or over-the-counter medication. If you believe your minor may need medication during the camp week—based on the teen’s medical past—please explain this on an attached paper.

I authorize the Camp Nurse or Dean to give the following pain meds to my teen if needed (you might include Tylenol, Aspirin, or Ibuprofen): _____

For All Staff: In case of emergency or continuing illness, the Camp Nurse or other adult staff member will give immediate first aid or other medical care, as needed. A call will be made to the teen parent. If deemed necessary, the teen or adult will be taken to the hospital, or we will call 911. All expenses are the responsibility of the parent or adult.

Medical Release



If a medical emergency arises and I (the parent if teen staff) cannot be reached by phone (listed on page 1), or am unable to represent myself (adult staff), I hereby authorize a ministry leader representing Camp Tishomingo to act as my agent for consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for myself or my child, which is deemed advisable by, and is to be rendered under general or special supervision of any medical health professional licensed under the provisions of the Medical Practice Act, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at an office or in a clinic or hospital or by an EMT.

Further, by my signature below, I indemnify and agree to hold harmless Camp Tishomingo and their ministry leaders, agents, officers and/or members for any injuries or illness which may occur as a result of participation in camp.

Staff Signature: _____ **Date:** ____/____/____

Teen Staff Parent’s Signature: _____ **Date:** ____/____/____

Please send this completed form to:

Wayne Dale
14889 West Jenan Drive
Surprise, AZ 85379

It will greatly help us if your application to serve at Camp is postmarked by May 1, 2017.