

For Office Use Only

Received Application:

Camp Quality USA, Inc.

Companion/Staff Application Form

Please print and complete application in black ink.

**Name of Camp: Camp Quality
Kansas**

**Training Dates: June 13, 2009
Orientation: July 25, 2009**

Camp Dates: July 26-July 31,

Please Note: All Staff must be fully trained prior to attending camp.

**PLEASE RETURN THIS FORM TO: Camp Quality Kansas
114 S. Ranger Street
Haysville, KS 67060**

General Information:

| | | |
|---|------------|---|
| Name <small>(Include First Middle Last - Maiden)</small> | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Current Address | | County |
| City | State | Zip |
| ***List any previous addresses within the past 7 years*** | | |
| Previous Address 1 | | County |
| City | State | Zip |
| Previous Address 2 | | County |
| City | State | Zip |
| Home Phone | Cell Phone | Work Phone |
| Email | | |
| Employer | | Occupation |
| Drivers License # | State | Social Security # |
| Birth Date | Age | |

Personal Information:

| |
|---|
| Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> X-L <input type="checkbox"/> XX-L <input type="checkbox"/> XXX-L <input type="checkbox"/> XXXX-L |
| Would you be willing to serve at another camp if they are short staffed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Which position are you interested in? <input type="checkbox"/> Companion Position <input type="checkbox"/> Staff Position <input type="checkbox"/> Either Companion or Staff |
| Do you speak multiple languages? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what language(s)? |

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Experience:

What age(s) do you have experience working with or feel most comfortable with? Check all that apply:

-4 -5 -6 -7 -8 -9 -10 -11 -12 -13 -14 -15 -16 -17 -18

List all Clubs & Organizations that you belong to:

List any training/certifications you have received and include expirations dates. (i.e. Advanced Life Saving, Certified in CPR, First Aid, ARC Lifeguard, Water Safety Instructor, Red Cross Water Safety, etc.)

Interested Positions: (please check all that apply)

Companion:

Program Staff:

Crafts:

Kitchen Help:

Lifeguard:

Photography:

Dorm Parent:

Medical Staff:

Video:

Returning Applicant Information:

Have you previously served on a *different* Camp Quality staff? Yes No. If yes, please list the years and camp location(s):

If you were a companion last year (or previously), who was your camper?

Is there any reason you could/should not be matched with this camper again? Yes No. If yes, please explain.

If you were a staff member last year (or previously), what was your position(s)?

Would you like the same position(s)? Yes No

If not, what position(s) would you be interested in this year?

Do you still have your training manual? Yes No

What is the "Updated Date" from the first page?

Background Information:

Have you ever been convicted of a crime? Yes No. If yes, please indicate the date, location and nature of the offense (use back if needed):

Has your driver's license ever been suspended or revoked, or have you ever been convicted of a major traffic violation, such as DUI?

Are you currently under investigation, or have you ever been recorded by any governmental agency for abuse and/or neglect or any person or of any criminal activity other than for minor traffic offenses? Yes No. If yes, please indicate the date, location and nature of the offense (use back if needed):

Will you give permission for a police background check? Yes No

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References:

All applicants are required to submit all three references. **References may not be relatives or former employers.** Camp Quality staff members may be listed. **MAKE SURE TO FILL OUT ALL INFORMATION FOR EACH REFERENCE.**

| | | |
|---------------------------|------------|------------|
| Reference # 1 Name | | |
| Address | | |
| City | State | Zip |
| Email | | |
| Home Phone | Cell Phone | Work Phone |
| Reference # 2 Name | | |
| Address | | |
| City | State | Zip |
| Email | | |
| Home Phone | Cell Phone | Work Phone |
| Reference # 3 Name | | |
| Address | | |
| City | State | Zip |
| Email | | |
| Home Phone | Cell Phone | Work Phone |

Reporting Abuse:

All volunteers must read and **initial** each of the following statements.

| |
|--|
| <input type="checkbox"/> During the week of camp, if I have any concerns regarding possible child abuse of a camper (physically, emotionally or sexually), I will immediately report to the Camp Director, who will accompany me to the Camp medical team and then report my concerns to the proper authorities. |
| <input type="checkbox"/> If such concerns arise after camp, I will immediately contact the Camp Director and/or the appropriate state agency. |
| <input type="checkbox"/> I will maintain the child's confidentiality by not discussing the situation with anyone other than the appropriate personnel within Camp Quality and any law enforcement or child protective service personnel. |
| <input type="checkbox"/> I will follow all appropriate state laws as outlined by the Camp Director during training. |
| <p style="text-align: center;"><i>Camp Quality believes it is morally and ethically bound to make our concerns known to the authorities.</i></p> <p style="text-align: center;">All forms of abuse and how to report it will be covered at the Staff Training Session.</p> |

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Companion/Staff Camp Rules:

To indicate that you will abide by all of the following rules, please read and **initial** each of the following:

- I understand that I may not discuss alternative medicine with any child at Camp.
- Medical Staff ONLY must administer all medicine for campers, including such things as removal of splinters, treatment of minor cuts, headache tablets, etc.!!!
- I understand and agree I will not bring tobacco, alcohol or illegal drugs to camp.
- I agree not to press any particular health food or diet on any child at camp.
- Caring for a large group of children with cancer is, in itself, stressful. The only way to relieve some of this stress is to ensure every companion assigned to care for a child, fully understands the demands of this role. The safety and happiness of the camper ALWAYS COMES FIRST! If I am assigned as a companion, I fully understand that if I do not care for my camper as instructed, I will be asked to leave camp.
- I understand that no expression of religion may be initiated or promoted by camp staff.
- Even though rest periods are rarely popular with the youth, I agree to observe horizontal rest periods.
- Any and all equipment I bring to camp is entirely my responsibility. If necessary, I will ensure adequate insurance coverage for loss or damage, which may occur at camp.
- I understand that specific personnel have been assigned to handle media coverage. I will not contact the media, nor release any names, photographs or articles without first securing the written permission of the camp director.
- I understand that I may not bring any of my own children under 18 yr. to camp.
- I understand I must attend a Staff Training Workshop before I can be assigned a staff position. I agree to attend the orientation meeting held at the campground prior to the start of camp (you will be notified of the dates and times).

Applicant's Certification:

I authorize any references listed in this application to give you any information they may have regarding my character and fitness for children's/youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the Rules and Regulations and policies of Camp Quality USA, and to act in accordance with those, in the performance of my service on behalf of Camp Quality. I further give my permission to use my name and/or photograph in media releases to promote the Camp Quality concept.

I hereby attest and certify that I have never neither been convicted of nor pled guilty to: child abuse; abuse of a spouse or of any other person; endangering children; gross sexual imposition; sexual imposition; voyeurism; public indecency; any offense of violence; or any criminal offense other than minor traffic violations. (If you have been convicted or pled guilty to any of the above listed offenses and wish to explain the circumstances thereof, please do so on a separate sheet.) I further certify that I have never been discharged from employment or a volunteer position because of and of the above-described or similar activity.

I hereby authorize any present or former employer, person, firm, corporation, physician, or government agency to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold any and all of them harmless and free of any liability for releasing any truthful information that is within their knowledge and records. I also agree to hold harmless Camp Quality USA and the officers, employee and volunteers thereof. I further authorize Camp Quality USA to conduct a check of my police criminal records and agree that I will fully cooperate in providing all information and signing all documents necessary to conduct such a check.

I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal if I am already serving on Camp Quality Staff.

Camp Quality shall treat Social Security numbers as confidential information and shall use the numbers only for legitimate reasons, such as may be necessary for background checks, tax identification, payroll, or other purpose as required by law. A Social Security number is not otherwise to be disclosed to any person. Any document that contains a Social Security number shall be retained in a secure place, in order to maintain its confidentiality.

Applicant's Signature _____ **Date** _____

Camp Quality USA, Inc.

Companion/Staff Medical Form

General Information:

| | | |
|------------------------|------------|---|
| Name | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Current Address | | |
| City | State | Zip |
| Home Phone | Cell Phone | Work Phone |
| Drivers License # | State | Social Security # |
| Birth Date | Age | |
| Emergency Contact Name | | Relationship |
| Day Phone | | Night Phone |
| Emergency Contact Name | | Relationship |
| Day Phone | | Night Phone |

Medical Information: (Use back of page if you need more room.)

| | |
|--|-------|
| Primary Care Physician: | Phone |
| Allergy to foods, medications & other (if none, so state): | |
| Medications being taken routinely (include nonprescription drugs): | |
| Explain any restrictions to activity: | |
| List major operations or serious injuries (describe & give dates): | |
| Medical conditions or chronic illness (e.g. asthma, diabetes): | |

Immunizations:

| | |
|--|--|
| TB Skin Test Status <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown | TB Skin Test Date |
| Are all immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are immunization records on file at physician's office? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Medical Insurance Information:

| | |
|-----------------------------|------------------------------|
| Name of Insurance Provider: | |
| Name of Insured: | Relationship to participant: |
| Group #: | Policy #: |

(Please attach a photocopy of your insurance card to this form. This will only be used in case of emergency.)

Signature/Consent: _____ **Date** _____