

2019 Florida Summer Camp Application

Camp Counselor/Additional Staff/Activities Coordinator/Support Staff

Read these important highlights about Camp Counselor/Additional Staff/Activities Coordinator/ Support Staff

- Application deadline is **Monday, April 1, 2019.**
- Attach a copy of your Drivers License or Photo Identification Card.
- Attach a copy of your Health Card.
- Have your Ministry Leader's reference letter sent to us by the deadline.
- Get approved for the Children's Ministry if not already approved.
- **Mail** your completed application to:

Orlando Church of Christ
Florida Youth Camp
2400 S Goldenrod Road
Orlando, FL 32822

Mark Your Calendar with these Important Dates.

- ❖ Monday April 1, 2019 - Counselor/Additional Staff/Activities Coordinators/ Support Staff Application Deadline
- ❖ Friday April 12, 2019 - Counselor/Additional Staff /Activities Coordinators/ Support Staff - Decision date
- ❖ Saturday, May 11, 2019 - Counselor/Additional Staff/Activities Coordinator - **Mandatory Orientation at Orlando Church of Christ Building - 10:30am**
- ❖ Saturday, June 15, 2019- Counselors/Additional Staff/Activities Coordinators arrive at Camp Geneva at 1pm
- ❖ Sunday, June 16, 2019- Kids arrive at Camp Geneva
- ❖ Saturday, June 22, 2019 - Camp ends, Camp Cleanup and Lunch with entire Staff

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DUE April 1, 2019

INSTRUCTIONS

Make sure to mail your application by the due date and to have your Ministry Leader sign your application. Mail application to:

Orlando Church of Christ
Florida Youth Camp
2400 S Goldenrod Road
Orlando, FL 32822

APPLICANT INFORMATION

Name: _____

*Maiden Name: _____

Camp Applying for: Teen ___ Youth ___ Either ___

Position Applying for: Counselor ___ Add-Staff ___

Activities ___ Support Staff ___ Any ___

Gender: Male Female

Current Address: _____

City, State, Zip: _____

*Previous Address: _____

City, State, Zip: _____

Birth Date: _____

Home Phone: () _____

Cell Phone: () _____

Email: _____

Baptism Date: _____ What Church: _____

*Attach a copy of Drivers License or Identification Card

*Social Security #: _____

Adult T-shirt size: S M L XL XXL XXXL

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: () _____

EXPERIENCE

Number of years served as staff for either Florida Camp: _____

Additional Experience Working with Youth: _____

Special skills/qualifications (Nurse, Lifeguard, CPR Trained, etc.):

Do you have a Florida Driver's License? Yes No

Do you have car insurance? Yes No

BACKGROUND QUESTIONNAIRE

1) Have you been approved to work in the Children's Ministry program of your local congregation? Yes No

If no, see your Children's Ministry Leader to get approved. You must be approved in order to submit application.

2) When did you last serve in the Children's Ministry program of your local congregation? _____

6) Who leads Kingdom Kids in your Home Congregation?

Personal References:

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

MINISTRY LEADER REFERENCE

Ministry Leader, please review the above application and write a recommendation stating your approval or disapproval of this applicant for the position they are applying for. Please email your recommendation letter to Jose Ferrer at jose.yorka@gmail.com.

I have reviewed this application and will email reference letter.

Print Ministry Leader's Name _____

Signature of Ministry Leader _____

PERSONAL ESSAY

Write a one page essay. Describe why you want to serve for our Summer Camp Program, include what you can provide for the kids in order to help them get the most out of their experience.

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MEDICAL INFORMATION

Medications: Please list all medications – prescription and non-prescription – taken routinely. Bring medication in the original – package/bottle that identifies the name, prescribing physician, name of drug, dosage and frequency.

Medication #1: _____

Dosage: _____

Time to be Taken: _____

Reason for Taking: _____

Medication #2: _____

Dosage: _____

Time to be Taken: _____

Reason for Taking: _____

List additional medications on back of this page.

Allergies: (medication, food, environmental):

Health History:

Please identify any chronic or recurring illness/condition:

Do you have a condition that requires you to carry an epinephrine pen or inhaler? Yes No

Medical Insurance: (Please attach a copy of your health card to this form.)

Company: _____

Policy Number: _____

Group Number: _____

Claims Address: _____

Phone: () _____

RELEASE/SIGNATURE (READ CAREFULLY!)

Should it be necessary for me to receive medical attention/treatment while participating in the camp activities, I **hereby give my permission for the person(s) leading or directing these activities to render medical attention or administer medical treatment**, as the physician/medical professional deems appropriate and necessary. I, also, give my permission for the person(s) leading or directing these activities to use their best judgment to otherwise render assistance (i.e. First Air, CPR, etc.) in the event of injury or illness.

I understand that the **Orlando Church of Christ or any person(s) leading or directing these activities has no insurance coverage for medical or hospital cost for me**, which are associated with injury or illness occurring in the course of these activities (unless the participant is already covered under the church's employee health plan). Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

I further authorize any references or churches listed in this application to give the Orlando Church of Christ any information (including opinions) that they may have regarding my character and fitness for children or youth work. In addition, I authorize the Orlando Church of Christ to do a background check on me at their discretion. In consideration of the receipt and evaluation of this application by the Orlando Church of Christ, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and incidentally, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I understand that upon my written request, I will be given a copy of the background report and, when applicable, a written description of my rights under the Fair Credit Report Act.

Should my application be accepted, I agree to be bound by the Bylaws and policies of the Orlando Church of Christ and to refrain from unscriptural conduct in the performance of my services on behalf of the church. The information contained in this application is correct to the best of my knowledge. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE OF MY OWN FREE ACT. This is a **legally binding agreement** which I have read and understand.

Applicant's signature

Name Printed

Date