



Maine Nazarene Church Camp Staff Applications

Name: _____
 Address: _____ City: _____ State _____ Zip _____
 Home Phone: _____ Date of Birth: _____ Gender: ___ M ___ F
 Email Address: _____
 Home Church: _____ Pastor: _____
 Have you completed required background check ___ Y ___ N When? _____
 Do You Hold a Valid Driver's License? ___ Y ___ N
 If Yes List State/Expiration Date: _____
 Have you had prior camp experience? ___ Y ___ N: How many years?? _____
 If Yes, Please list: Prior Camp Experience: _____
 Please list relevant certificates (Include expiration dates. Examples: First Aid, CPR, Swimming, Lifeguard, and Water Safety Instructor) _____

REFERENCES

#1: Pastoral Reference

Name: _____ Relationship: _____
 Address: _____ City/State: _____
 Phone: _____ Email: _____

#2: Name: _____ Relationship: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Email: _____

PHOTO RELEASE

I hereby grant permission to the Maine District Church of the Nazarene, and Camp in particular, to photograph, tape, film, or make an audio recording of my participation in the Camp Program. I grant the Maine District Church of the Nazarene, and Camp in particular, an irrevocable license to reproduce, copy, display, perform, or otherwise use these materials. I understand that these materials may be used for the purpose of public information and/or education and may appear in newspapers, magazines, exhibits, television, Maine District/General Church of the Nazarene publications, and/or the Maine District Church of the Nazarene website. I release the Maine District Church of the Nazarene, and Camp in particular; its employees, directors, and agents from any liability connected with the publication, reproduction, release, or other use of these materials, and agree not to bring any claims against them growing out of such publication, release, reproduction, or other use of these materials.

Initial _____

GENERAL WAIVER

My signature on this waiver indicates that I am capable of participating in all of the activities at Camp, and that I release the MAINE DISTRICT CHURCH OF THE NAZARENE (including its Boards, Councils, Auxiliaries, Officers, and Representatives), and CAMP (including all staff, paid or unpaid) in particular, from liability related to my participation in such activities. I understand that all campers & staff must have their own medical coverage. No insurance is provided. My signature indicates that I will be responsible for all costs related to my medical care.

Please read carefully before signing this application I authorize the Maine District Church of the Nazarene/ Camp to investigate all statements in this application and to secure any necessary



Maine Nazarene Church Camp Staff Applications

information from all my employers, references and academic institutions. If you have a current background check that has been done by the Maine State Police for education, day care, etc., please provide a copy of the background check with your application. If not, we need your authorization to run said check with the information from your application. We will also need any prior surnames (i.e. maiden names, name changes, etc.) provided for us to complete this check.

By signing below, I give the MAINE DISTRICT CHURCH OF THE NAZARENE AND CAMP the right to perform this Background Check. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if Camp has not employed me and for immediate dismissal if Camp has already placed me on staff.

In the event of my volunteer service with the Maine District Church of the Nazarene/Camp, I will comply with all rules, regulations and policies set forth in the Maine District Church of the Nazarene/Camp policy manual or other communications distributed by the Maine District Church of the Nazarene/Camp. I also understand that the Maine District Church of the Nazarene/ Camp has the right to modify its policies without giving me any notice of the changes. I understand that if an employee/volunteer service relationship is established, I have the right to terminate my volunteer service at any time for any reason. I also understand that the Maine District Church of the Nazarene/Camp retains the right to terminate my volunteer service at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

_____ Signature of Applicant and Date _____

_____ Printed Name of Applicant

Please Note camp expectations:

- Participate as often as physically possible
- Willing to stay up late or get up early
- Be flexible because the schedule does change frequently
- Able to pray and read the Bible with children as necessary
- Able to communicate instructions
- Able to follow instructions
- Must have compassion, grace and mercy



Maine Nazarene Church Camp Staff Applications

Maine District Church of the Nazarene Camp Staff Medical Form

Name: _____ o Male o Female Birth date: _____

Address: _____

Is this your first year as a staff member? o No o Yes

Allergies: Check those that apply to you. Completion of this section is voluntary, yet helpful to healthcare staff.

_____ I have no known allergies.

_____ I have allergies to _____

Describe reactions to allergies and how reactions are managed

Nutrition: *Our expectation is that staff set an example for campers by eating the provided meal. We work with some medically prescribed diets, such as gluten-free and lactose intolerant, but cannot cater to individual food preferences. Discuss concerns with the camp director prior to the start of camp.*

_____ I eat a regular, varied diet and am prepared to eat a variety of foods while at camp.

_____ I am a vegetarian

_____ I do not eat _____

Chronic Concerns: Check all that pertain to you and provide information about supportive healthcare. Completion of this section is voluntary, yet helpful to healthcare staff.

_____ I have no chronic health concerns.

_____ I have the following chronic health concern(s): o Asthma o Headaches, Migraines o Sleep problems o Diabetes o Difficulty breathing o Dysmenorrheal o Fainting o Surgical history o Seizure disorder o Back pain or injury o Knee or ankle weakness o Other: _____

Immunization History: Date (month/year) of your most recent tetanus immunization:

List All Medications and doses:

NOTE: All medication must be locked up. All medication should be originally checked in to the Health Center.

General Physical History: If you answer "Yes" to any of these questions, provide more information at the end of this section. Completing this session is voluntary, but helpful to healthcare staff.

1. Have you ever been hospitalized? o Yes o No
2. Have you ever passed out during or after exercise? o Yes o No
3. Have you ever been dizzy during or after exercise? o Yes o No
4. Have you ever had chest pain during or after exercise? o Yes o No
5. Do you tire more quickly than your friends during exercise? o Yes o No
6. Have you ever had high blood pressure? o Yes o No



Maine Nazarene Church Camp Staff Applications

- 7. Have you ever had a racing heartbeat or skipped heartbeats? Yes No
- 8. Have you ever been knocked out or become unconscious? Yes No
- 9. Have you ever had a seizure? Yes No
- 10. Have you ever had a stinger, burner, or pinched nerve? Yes No
- 11. Have you ever had heat or muscle cramps? Yes No
- 12. Have you ever been dizzy or passed out in the heat? Yes No
- 13. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? Yes No

If so, where? Head Shoulder Leg Neck Chest Arm, hand Ankle Back Hip Foot

- 14. Have you been in countries other than the United States in the past nine months? Yes No

If yes, list the countries and the time spent in them:

Country: _____ Dates: _____

Use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes."

Emergency Contacts

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
