

YOUTH CAMP STUDENT INTERN APPLICATION

Thank you for your interest in being an intern this year at our Youth Camp. Interns will be assigned based on a first come first serve basis. Please fill out this form completely and honestly. Upon completion, return it to the address above. You will be notified if your application is approved.

** A completed application received by the Student Ministries Department is strictly confidential. **

Check the camp(s) you want to work.

Youth Camp, June 26-29, 2020

***INTERN MUST BE AGES 18 AND UP: POST HIGH SCHOOL**

Application Deadline: June 12, 2020

I. PERSONAL:

Full Name: _____ Male Female DOB: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Married Single Occupation: _____ Email: _____

Social Security Number: _____ Driver's License Number: _____

In case of emergency while I am at camp, contact- Name: _____

Day Phone: _____ Evening Phone: _____

II. STATEMENT OF HEALTH:

Insurance Carrier: _____ Policy Number: _____

Group Number: _____ Insurance Co. Phone Number: _____

Insured's Full Name: _____

In one word, describe your health: _____ Describe any condition which would prevent you from

Performing certain types of camp activities: _____

List any handicaps, restrictions, diets, allergies, etc.: _____

Medical History (Check all that apply):

Heart Trouble Ear Trouble Asthma Hernia HIV/AIDS Allergies Seizures

Lung Trouble Skin Disease Bone/Muscle/Joint Disorder Kidney/Bowel Disorder

Other: _____

Complete the **medication list page** within this application.

ALL MEDICATIONS, PRESCRIPTIONS, AND OVER-THE-COUNTER DRUGS MUST BE BROUGHT IN THE ORIGINAL BOTTLE TO THE CAMP NURSE UPON ARRIVAL AT CAMP.

III. CAMP INSURANCE:

**CAMP INSURANCE PROTOCOL
WEST FLORIDA STUDENT MINISTRIES**

NOTICE: You are here (either paid or volunteer) to serve the West Florida District Council of Assemblies of God camping ministry. Should you receive any type of injury while volunteering at camp, the following protocol will be enacted.

1. **Church Volunteer** (i.e. staff assistant here to stay with your churches students) if injured:
 - a. Personal Insurance First
 - b. Supplemental Insurance Second (Provided by WFSM)
 - c. Church's Insurance Tertiary
2. **Camp Volunteer** (i.e. intern working for the camp without monetary compensation) if injured:
 - a. Personal Insurance First
 - b. Supplemental Insurance Second (Provided by WFSM)
 - c. District Policy Tertiary
3. **Church Employee** (a paid employee of the church here as a staff assistant) if injured:
 - a. Claims would be filed against the Church's Workers Comp policy, if they have one, or the church itself is responsible for paying all bills. Employees are protected under state law.
4. **Camp Employee** (i.e. camp staff that is monetarily compensated by WFSM) if injured:
 - a. Claims would be filed against the District Insurance Provider, as long as the incident is reported immediately.
 - b.

IV. EMERGENCY TREATMENT PERMISSION:

I do hereby state that while I am a registered staff member at any West Florida Assemblies of God summer camp, I hereby authorize any director, counselor, nurse, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature if a minor: _____ Date: _____

Please give the attached reference form to your pastor to fill out on your behalf. Please have the Pastor mail the completed form directly to the West Florida District Children's Department.

No individual will be approved as a member of the Camp Staff without proper pastoral recommendation.

AUTHORIZATION AND RELEASE

I, (Name) _____ of (City) _____, Florida, having filed an application as a volunteer summer camp worker (staff assistant) with the West Florida District of the Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation and fitness for the ministry and such further information as may be received by or reported to the West Florida District of the Assemblies of God. I agree to give any further information which may be required in reference to my past history.

I authorize and request every person, firm company, corporation, government agency, court, association, church education facility, or institution having control of any documents, records, and other information pertaining to me, to furnish to the West Florida District of the Assemblies of God any such information including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the West Florida District of the Assemblies of God or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any and all right I may have to inspect or review any information provided to the West Florida District of the Assemblies of God, its agents or representatives by any persons or organization.

I hereby release, discharge and exonerate the West Florida District of the Assemblies of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the West Florida District of the Assemblies of God. The West Florida District of the Assemblies of God shall not be required to verify any information received during the course of its investigation, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Applicant's Signature_____

Date_____

Please complete this medication form.

Please list ALL medications including prescriptions and/or over-the-counter drugs that will be taken at camp in the space provided below.

WILL THIS INTERN BE TAKING MEDS (Prescription or OTC)
DURING CAMP? YES _____ NO _____

ALL OVER-THE-COUNTER DRUGS & INHALERS MUST BE BROUGHT IN THE ORIGINAL BOTTLE/PACKAGING TO THE CAMP NURSE.

Please place ALL meds inside a Ziploc bag with intern's name & church clearly printed on the outside.

If a intern must have an inhaler/epi pen with them at all times they must complete the self-administration consent form enclosed in this packet.

INTERN Name: _____
(Please Print)

Church Attending: _____
(Please Print)

Camp Attending: Youth Camp 1 Youth Camp 2 Youth Camp 3
(Please Circle One)

Is there any information we should have regarding the welfare of this intern: handicaps, restrictions, diets, etc.? If this is not enough space, please attach a detailed sheet.

LIST ANY MEDICATION ALLERGIES: _____

LIST INFORMATION CONCERNING ALL MEDICATIONS TO BE GIVEN AT CAMP BY CAMP NURSE:

MEDICATION:	DOSAGE:	TIME TO BE GIVEN:

(USE BACK OF FORM IF MORE ROOM NEEDED)

Make a copy of this form and place INSIDE the Ziploc back of medications to be turned into the camp nurse at registration time.

**MEDICATION SELF-ADMINISTRATION CONSENT FORM
(INHALER and/or AUTO-INJECTABLE EPINEPHRINE)**

Intern's Name (Please Print) _____

Type of inhaler _____

This form is good for the camping year 2018. This form must be updated anytime the intern's medication order changes and renewed each year and/or anytime a staff assistant or intern changes camps.

The following must be provided for the intern to be eligible to self-administer rescue inhalers and/or auto-injectable epinephrine. Eligibility is **only valid** for this camp for the current year.

- A written statement from a licensed health-care provider who has prescriptive privileges that he or she has prescribed the rescue inhaler and/or auto-injectable epinephrine for the intern, and that the staff assistant or intern needs to carry the medication on his/her person due to a medical condition;
- The specific medications prescribed for the intern;
- An individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/ or anaphylaxis episodes of the intern and for medication use by the staff assistant or intern during camp hours; and
- A statement from the prescribing health-care provider that the intern possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the camp nurse is available, the intern shall demonstrate his/her skill level in using the rescue inhalers and/or auto-injectable epinephrine to the nurse.

Rescue inhalers and/or auto-injectable epinephrine for an intern self-administration shall be supplied in the original container properly labeled with the intern's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Interns who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the camp nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency situations.

My signature below is an acknowledgment that I understand that the West Florida District Council of the Assemblies of God, the West Florida District camps, and constituents, shall be immune from civil liability for injury resulting from the self-administration of medications by the intern named above and that the intern is agreeing to maintain the medications and not allow any other person to use them.

Signature _____ Date _____

PASTORAL REFERENCE

For: Interns

Must be completed annually

Date: _____

Dear Pastor:

_____ has submitted an intern application for the 2020 camping season. We **cannot** process the application without this reference form being fully completed and signed by you. As their pastor, please answer the following questions with complete honesty. This form and any information it contains, is strictly confidential and will only be used for camp application purposes.

Thank you for your assistance,
West Florida District A/G Student Ministries Department

1. How long have you been acquainted with the applicant? _____
2. Please describe in what relationship? _____
3. Would you, without reservation, recommend the applicant to be used in the camping program? _____
If "no" please explain on a separate sheet of paper.
4. What, if any, leadership abilities have they demonstrated? _____

5. Does the applicant demonstrate any talents? _____ Please describe: _____

6. Briefly state your opinion of the applicant's dedication to Christ. _____

7. How would you rate the applicant's Christian standards? (Please check one)
Above Average _____ Average _____ Below Average _____
8. Do you have any reason to believe the applicant uses drugs, alcohol, or tobacco?
Yes _____ No _____ If yes, please explain: _____

9. To your knowledge, does the applicant have or display any emotional, mental, or physical handicaps that would hinder their participation or effectiveness? _____ If yes, please explain.

Mature Christian Reference

—Intern—

This section is to be completed by the applicant (please print):

Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____

Email: _____

This section is to be completed by the person who is referring the intern:

A note from Camp Leadership:

The above-named person is applying to become an intern during the West Florida District Assemblies of God summer camp program. Your cooperation in answering the following questions with the utmost frankness would be greatly appreciated. This information will be used in helping us decide whether or not the applicant will fit into our summer camp program. We appreciate your candor; please know your answers will be kept confidential. If you are related to the applicant, this evaluation should be completed by another responsible person in ministry. Thank you for your assistance.

Personal Information

1. How long have you known the applicant? _____

2. How well do you know the applicant? (please check one)

Not Very Well Casually Well Very Well

3. Do you believe the applicant is a committed Christian? (please check one)

Yes No

4. To what extent is the applicant involved in church?

No Involvement Slightly Involved Involved Very Involved

5. What special talents has he/she shown? _____

6. What leadership abilities has he/she shown? _____

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?

Yes No If yes, please explain. _____

8. Do you know of any reason why the applicant wouldn't be suitable as a intern for summer camp?

Yes No If yes, please explain. _____

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?

Yes No If yes, please explain. _____

Please rate the applicant on the following areas:

Category	Excellent	Good	Fair	Poor	Comment
Christian Life					
Social Adaptability					
Leadership					
Cooperation					
Teachable					
Motivation					
Emotional Stability					
Personal Appearance					
Health					
Attitude Towards Authority					
Other:					

Knowing the applicant as you do, what recommendation would you make? (please select one)

- Strongly Recommend
 Recommend
 Recommend With Reservation
 Do not Recommend
 Prefer not to make a recommendation
 Comments: _____

Please choose one of the following:

- I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.
 I prefer to discuss my response by telephone. I can be reached at the telephone number provided in my reference information.

Your Reference Information

Name: _____
(Last, First, Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Job/Title: _____ Date: _____

Your Signature: _____