

# 2020 WEST FL DIST. CAMP - STAFF ASSISTANT

Office use only: PAID:        \$125 Total Cost  
       \$ 50 Deposit

CHURCH \_\_\_\_\_ City \_\_\_\_\_ Email \_\_\_\_\_  
 Street /Mailing Address \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Ph \_\_\_\_\_  
 SENIOR PASTOR'S SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## CAMP INFO: Youth Camp: Camp Baldwin

Camp Cost: \$125.00      Camp Deposit (non-refundable): \$50.00      Registration Deadline: June 5, 2020

- \*All fees are transferable to a replacement staff assistant.
- \*Late Fee: \$25.00 if **completed application** and or **deposit** are received after the camp registration due date.
- \*Staff Assistant must be 21 years or older. (Age 19 with permission of Student Ministries Director)

## ADULT PERSONAL INFORMATION (Please PRINT clearly in black or dark blue ink.)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Primary Phone \_\_\_\_\_ SSN \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth (MANDATORY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender (at birth):   M   F Consent for Security Check(MANDATORY):   Yes   No

<b>Ministry Position:</b>	Position you hold _____	How Long? _____	
	Where? _____	City _____	State _____ Zip _____

Have you worked West FL Camp before?        If yes, how many years?         
 Do you use tobacco?   YES   NO      Do you drink alcoholic beverages?   YES   NO      Do you use illegal non-prescription drugs?   YES   NO  
 Do you have physical conditions preventing you from performing certain types of activities? If so, explain. \_\_\_\_\_  
 Are you known to be a carrier of any contagious disease or virus? If yes, explain. \_\_\_\_\_  
 Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor? If yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

## HEALTH HISTORY AND MEDICAL TREATMENT AUTHORIZATION

### EMERGENCY CONTACT INFORMATION Please print clearly, listing three contacts in order of preferred contact.

Emerg. Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Emerg. Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### PHYSICIANS INFORMATION:

NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

#### INSURANCE INFORMATION (Please provide a copy front/back):

INSURANCE CO. \_\_\_\_\_ INS. PHONE: \_\_\_\_\_  
 GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

Date of \_\_\_\_\_ Does the participant have any of the health issues below? Please check all that apply.

Last Tetanus \_\_\_\_\_  
 Are Immunizations current?   YES   NO

List any handicaps, restrictions, diets, allergies, etc. that may impact you while at camp: \_\_\_\_\_  
 \_\_\_\_\_

**Any medications (prescription and /or over-the counter, vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original bottle to check-in to camp nurse needs for dispense to Participant.**

	CONDITION	YES	NO	TREATMENT		CONDITION	YES	NO	TREATMENT
1	Asthma			Inhaler? Yes No	7	Organ Disorders			
2	Diabetes				8	Bee Sting Allergy			Epi Pen? Yes No
3	Epilepsy/Seizures				9	Peanut/Nut Allergy			Epi Pen? Yes No
4	Heart Condition				10	Other Food Allergy			Epi Pen? Yes No
5	Orthopedic				11	Drug Allergy			Epi Pen? Yes No
6	Menstrual Problems				12	Please list any others on separate sheet.			

### CAMP INSURANCE PROTOCOL

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 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARTICIPANT CONSENT ADULT** (Please read completely and sign all **THREE waivers below.** )

**PARTICIPANT NAME:** \_\_\_\_\_

IN CONSIDERATION of the participation in the activities listed below on the date above and at location named below (herein the activity):

I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I hereby represent that : (i) I am in good health and in proper physical condition to participate in the Activity, (unless otherwise stated under the medical section of application) and (ii) I am not under the influence of any drugs, prescription or otherwise, which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity.

I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks and dangers which include outdoor activities in which the participant may be subject to bites from insects, mosquitoes, ticks, spiders, and or snakes.

I do hereby state that while I am a registered staff member at any West Florida District AG 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.

I also accept sole responsibility for my own conduct and actions while participating in any activity.

I understand and agree that if, during my participation of any activity, the West Florida District AG Camp becomes aware of any serious health issues, injuries, or any other situation that raises significant health or safety concerns, those in charge have my permission to contact my provided "emergency contact".

\_\_\_\_\_  
DATE SIGNATURE PRINT NAME

**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.

\_\_\_\_\_  
DATE SIGNATURE PRINT NAME

**PHOTOGRAPH & VIDEO RELEASE: PARTICIPANT NAME:** \_\_\_\_\_

I give permission of any videotape, photographs, audio recordings, or any other visual or audio reproduction in which I may appear by the West Florida District AG to be used to illustrate, promote and advertise the West Florida District AG and its programs. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I understand there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used and/or distributed.

I have read, understand and agree to abide all enclosed documents, rules and guidelines presented in this application.

\_\_\_\_\_  
DATE SIGNATURE PRINT NAME

Application and a \$50 non-refundable pre-registration fee by check or online payment is due by Friday, June 5, 2020 to:  
West Florida AG • Student Ministries Department • 4792 Hwy 90 • Marianna, FL 32446  
TOTAL PERSONNEL FEE \$125. Pre-registration \$50. Remaining balance of \$75 due upon arrival at camp. \$25 late fee may be received in office after deadline date.)

**Camp Baldwin: 8749 Baptist Camp Rd., Elberta, AL 36530**

**PASTORAL REFERENCE**

**For: Staff Assistant**

**Must be completed annually**

Date: \_\_\_\_\_

Dear Pastor:

\_\_\_\_\_ has submitted a staff assistant 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. Feel free to mail/email (sm@wfldag.org) or fax (850-482-3579) this reference form directly to our Student Ministries Director.

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. \_\_\_\_\_

**Please check the column, which would best describe the applicant in each area below:**

	Excellent	Good	Fair	Poor
Spiritual depth and maturity				
Ability to get along with others				
Follows through on instructions				
General attitude				
Leadership				
General appearance				
Faithfulness to church				
Faithfulness to youth activities				



## Mature Christian Reference

### **—Staff Assistant—**

**NOTE: We require 2 of these references per applicant. This section is to be completed by the applicant (please print):**

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### **This section is to be completed by the person who is referring the staff assistant:**

#### **A note from Camp Leadership:**

The above-named person is applying to become a staff assistant 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 staff assistant 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. \_\_\_\_\_

10. 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: \_\_\_\_\_



## Mature Christian Reference

### **—Staff Assistant—**

**NOTE: We require 2 of these references per applicant. This section is to be completed by the applicant (please print):**

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### **This section is to be completed by the person who is referring the staff assistant:**

#### **A note from Camp Leadership:**

The above-named person is applying to become a staff assistant 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 staff assistant 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. \_\_\_\_\_  
\_\_\_\_\_
10. 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: \_\_\_\_\_





**MEDICATION FORM**

**WILL YOU BE TAKING MEDS (Prescription or OTC) DURING CAMP? YES \_\_\_\_\_ NO \_\_\_\_\_**

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

**NOTE: 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 your name & church clearly printed on the outside.**

**If you must have an inhaler/Epi pen with you at all times, then you must complete the self-administration consent form enclosed in this packet.**

**Name:** \_\_\_\_\_ **Church Attending:** \_\_\_\_\_  
(Please Print) (Please Print)

**Camp Attending:** \_\_\_\_\_

Is there any information we should have regarding the welfare of this staff assistant: handicaps, restrictions, diets, etc.?

\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY MEDICATION ALLERGIES:** \_\_\_\_\_

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

MEDICATION	DOSAGE	TIME TO BE ADMINISTERED

Attach additional sheet if 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)

Staff Assistant's Name(Please Print) \_\_\_\_\_

Type of inhaler \_\_\_\_\_

This form is good for the camping year 2020. This form must be updated anytime the staff assistant'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 staff assistant 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 staff assistant, 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 staff assistant;

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 staff assistant and for medication use by the staff assistant during camp hours; and

A statement from the prescribing health-care provider that the staff assistant 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 staff assistant 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 a staff assistant self-administration shall be supplied in the original container properly labeled with the staff assistant'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.

Staff assistants 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 staff assistant named above and that the staff assistant is agreeing to maintain the medications and not allow any other person to use them.

Signature \_\_\_\_\_ Date \_\_\_\_\_