

**Camp Hope Director - Mary Eastman**  
**2120 County Road 41**  
**Bellvue, CO 80512**  
**256-627-9856 CampHopeBuckhorn@aol.com**

## **2009 Camp Hope Staff Application Package**

Dear Prospective Staff:

Attached is your application to apply for a Camp Hope volunteer missionary position. Please read and complete all areas. Consider the staff responsibilities before signing the application. Specific assignments will be made according to the needs of Camp Hope after all information has been processed. If you have questions please call me at 256-627-9856.

In order to comply with the law, our liability insurance, and legal advice, we require everyone to complete the application process every year with three references. I realize this will take some time, but Camp Hope is committed to providing the best care possible to every Camp Hope participant, including you.

Here is what is needed:

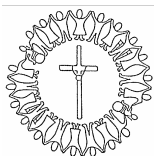
1. Check your schedule to make sure you will be able to commit to the entire week(s).
2. Complete the entire application and mail it to the address on the form **IMMEDIATELY**. We have a large waiting list of campers wanting to attend camp. The earlier we receive your application the more campers we will be able to serve.
3. Fill in your name, address, and phone number on all three reference forms.
4. Have your Pastor (or Youth/Group Leader) fill out a reference form and mail it to me. Please ask them to give the form their prompt attention and to mail it to me ASAP.
5. Have two non-related adult friends each complete their form and mail it directly to me. Again, please ask them to give these forms their prompt attention and to mail it ASAP.
6. Complete the medical form. It must be signed by a physician stating that you are in good physical health. A physical must have been completed sometime within the past year. This must be completed prior to camp.

I will contact you after your application is reviewed. Serving the Camp Hope campers can be a rewarding and even a life changing experience. I appreciate your willingness to serve in this manner. I look forward to you joining our team.

In service to Christ,

Mary Eastman  
Camp Hope Director

<p>Camp Hope I: July 20<sup>th</sup> – July 24<sup>th</sup> Camp Hope II: July 27<sup>th</sup> – July 31<sup>st</sup> Dates do not include staff orientation day which begins on each Sunday. Campers arrive on Monday.</p>
---



# Camp Hope / Buckhorn Camp

PO Box 125  
Bellvue, CO 80512  
(970) 484-2508

camphopebuckhorn@aol.com

## VOLUNTEER STAFF APPLICATION

**2009 Staff  
Application  
Camp Hope**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female

Home phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Emergency phone (\_\_\_\_\_) \_\_\_\_\_ Contact name \_\_\_\_\_

Church you attend \_\_\_\_\_ City \_\_\_\_\_

Church ministries involved in \_\_\_\_\_

Current occupation (former if retired) \_\_\_\_\_

Last grade level completed \_\_\_\_\_ Can you sleep in a top bunk? \_\_\_\_\_ Can you climb stairs? \_\_\_\_\_

**Past Work History** Provide a full record of all employment – paid and volunteer – and explain any gaps in employment. Include any positions on camp staff. Use separate sheet if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

Personal Experience	Circle your experience 0 = no experience, 4 = very experienced.	Circle Yes or No
With physically disabled	0 1 2 3 4	Previous camper at any camp Yes No
Wheel chair manipulation	0 1 2 3 4	Previous counselor at any camp Yes No
Transferring people	0 1 2 3 4	Previous Camp Hope counselor Yes No
With hearing impaired	0 1 2 3 4	I am certified / licensed CAN or EMT Yes No
Sign Language	0 1 2 3 4	I am certified / licensed LPN or RN Yes No
With visually impaired	0 1 2 3 4	Trained in CPR Yes No
With mental disability	0 1 2 3 4	Trained in first aid Yes No
With low functioning	0 1 2 3 4	Lifeguard certified Yes No
With high functioning	0 1 2 3 4	Strong commitment to Christ Yes No

Please explain any experience with disabled people or youth. \_\_\_\_\_

Please describe any other skills or talents that would be of use at camp (song leading, etc) \_\_\_\_\_

Have you ever been convicted of any felony or been convicted or charged with the commission of an act of child abuse or unlawful sexual offense:  Yes  No

Please indicate for which weeks you are applying: (All staff must be on the campground on Sunday by 2 p.m.)

Camp Hope I, July 20<sup>th</sup> – July 24<sup>th</sup>       Camp Hope II, July 27<sup>th</sup> – July 31<sup>st</sup>

Expect references from the following:

Pastor's name \_\_\_\_\_ Address \_\_\_\_\_

Reference #1 \_\_\_\_\_ Address \_\_\_\_\_

Reference #2 \_\_\_\_\_ Address \_\_\_\_\_

**AS A STAFF MEMBER, I AGREE:**

Initial each statement

\_\_\_\_\_ To be a constructive member of the Staff, contributing in every way to the unity and purpose of Camp Hope.

\_\_\_\_\_ To be present at Staff Orientation and attend all training sessions and staff meetings.

\_\_\_\_\_ To abide by the policies & regulations of Camp Hope & Buckhorn camp as stated in the Staff Manual.

\_\_\_\_\_ To be a Christ-like example in all my actions

\_\_\_\_\_ To show respect for all staff members and guests.

\_\_\_\_\_ To understand that the Director has the right to dismiss any staff member in the best interest of Camp Hope.

\_\_\_\_\_ To respect the fact that tobacco, alcohol, or drugs are NOT ALLOWED (other than those administered by the Medical Staff).

I realize I am responsible for my own actions during the designated time period(s) of Camp Hope, and that my legal protection under the Volunteer Protection Act covers my actions only when I am following the written policies and procedures of Camp Hope and Buckhorn Camp. I will not operate outside my defined role as stated in this application and the Camp Hope Staff Manual. I also understand that all staff, including all guests, and myself have limited insurance coverage against injury or illness only. Therefore, if my MISCONDUCT results in a lawsuit, I understand I will represent myself. I shall indemnify Camp Hope, Buckhorn Camp, and the Rocky Mountain Conference of the United Methodist Church, and their respective staffs, and hold them harmless from and against liability or responsibility for my negligence or misconduct. I will notify Camp Hope as soon as possible in the event I am not able to attend the week(s) I have applied for. I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. Permission is given to Camp Hope and Buckhorn Camp to use photographs (individual or group) and/or multi-media images and recordings in the best interest of Camp Hope or Buckhorn Camp.

The information contained in this application is correct, to the best of my knowledge. I have read and initialed the above statements and agree to cooperate with Camp Hope, Buckhorn Camp, and their respective staffs.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

STAFF ASSIGNMENTS WILL BE MADE ACCORDING TO REGISTRATION NEEDS AND UPON RECEIPT OF THIS APPLICATION AND SATISFACTORY REFERENCE FORMS.

**Please complete this form and return it as soon as possible to:**

**CAMP HOPE DIRECTOR**

**Mary Eastman**

**113 Pin Oak Drive**

**Florence, AL 35633**

**256 - 627-9856**



**HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN.** This section must be filled out and signed by a physician.  
**TO BE ADMINSTERED AT CAMP:**

All medications must be in original prescription bottle clearly marked as to content, dosage and frequency:

Medication Name	Dosage	Frequency	Route	Times

Any prescribed meal plan or dietary restrictions \_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.) \_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_

Additional Health Information \_\_\_\_\_

I have examined the above camp applicant within the last year. Date examined \_\_\_\_\_

In my opinion, the above condition does not preclude his/her participation in an active camp program.  
**RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP – any treatment to be continued at camp:**

**LICENSED PHYSICIAN’S SIGNATURE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**DATE OF FORM COMPLETION:** \_\_\_\_\_

The above box and information must be filled out by a licensed physician.

**BUCKHORN CAMP CONTROLLED RISK ACTIVITY**

**☞ Release from liability:**

I give permission for \_\_\_\_\_ to participate in horseback riding, boating, and challenge course activities while at Buckhorn Camp/Tip Top Ranch. I understand that these are activities that involve a degree of risk and that only qualified leadership will be used. I understand that by signing this waiver I am releasing Buckhorn Camp/Camp Hope Staff from all liabilities in the event of an injury or accident.  
 I also give my permission for any necessary medical/surgical treatment that may be necessary it the unlikely event that an accident should occur.  
 ☞ \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of Parent or Legal Guardian)

☞ **Please sign** both release forms (TIP TOP RANCH, INC. requires this own release form) and return entire form to the Camp Hope Director. No camper will be allowed to participate without both sections of this form being signed.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for treatment:** *I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named. The completed forms may be photocopied for trips out of camp. I understand and agree to abide with the restriction place on my camp activities.*

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

**CAMP HOPE**  
**2009 STAFF**  
**NON-RELATED REFERENCE FORM**

<b>CONFIDENTIAL</b>
---------------------

---

Applicant's Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

The above individual is applying for a position at Camp Hope. This will be a special ministry experience working with the disabled population, both physically and developmentally disabled.

As their Pastor we appreciate your opinion of this individual to utilize them in the proper capacity. He/she will be working in direct contact with disabled people.

I would rate the applicant....(please rate the applicant on each attribute listed – please note any comments.)

	Lowest	1	2	3	4	5	Highest	Comments
Physical Condition								
Physical Appearance								
Emotional Stability								
Moral Standards								
Interpersonal Skills								
Spiritual Maturity								
Positive Attitude								
Christian Lifestyle								
Gifts/Talents								

My general opinion and additional comments I have about this individual: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have known this person for \_\_\_\_ years and I  would or I  would not recommend this person for your staff.

Would you leave your child (disabled or not) in this person's care for one week?  Yes  No  
 Why, or why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete this form and return it as soon as possible to:

Mary Eastman  
 Camp Hope Director  
 113 Pin Oak Drive  
 Florence, AL 35633  
 256-627-9856

*Please print:*

Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Date \_\_\_\_\_

Please contact me concerning this applicant.

**CAMP HOPE**  
**2009 STAFF**  
**PASTOR REFERENCE FORM**

**CONFIDENTIAL**

Applicant's Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

The above individual is applying for a position at Camp Hope. This will be a special ministry experience working with the disabled population, both physically and developmentally disabled.

As their Pastor we appreciate your opinion of this individual to utilize them in the proper capacity. He/she will be working in direct contact with disabled people.

I would rate the applicant....(please rate the applicant on each attribute listed – please note any comments.)

	Lowest	1	2	3	4	5	Highest	Comments
Physical Condition								
Physical Appearance								
Emotional Stability								
Moral Standards								
Interpersonal Skills								
Spiritual Maturity								
Positive Attitude								
Christian Lifestyle								
Gifts/Talents								

My general opinion and additional comments I have about this individual: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have known this person for \_\_\_\_ years and I  would or I  would not recommend this person for your staff.

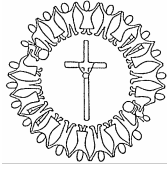
Would you leave your child (disabled or not) in this person's care for one week?  Yes  No  
 Why, or why not? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete this form and return it as soon as possible to:

Mary Eastman  
 Camp Hope Director  
 113 Pin Oak Drive  
 Florence, AL 35633  
 256-627-9856

*Please print:*

Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Date \_\_\_\_\_  
 Please contact me concerning this applicant.



**Camp Hope**  
**2120 County Road 41**  
**Bellvue, CO 80512**

**CHILD ABUSE/NEGLECT STATEMENT**

I affirmatively state that I (print name) \_\_\_\_\_ have never been convicted of any charge of child abuse or neglect, unlawful sexual offense or any felony.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date