

Camp Hope Director - Mary Eastman
PO Box 125
Bellvue, CO 80512
256-627-9856 mejegm@aol.com

2012 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

Camp Hope I: July 2nd – July 6th
Dates do not include staff orientation day which begins on Sunday.
Campers arrive on Monday.



Camp Hope / Buckhorn Camp

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

mejgm@aol.com (Directors email)

VOLUNTEER STAFF APPLICATION

Staff Application Camp Hope

Name _____ Birth Date _____ Age _____

Address _____ St. _____ Zip _____ Male Female

Home phone (_____) _____ Email address _____

Emergency phone (_____) _____ Contact name _____

Social Security Number _____ (Mandatory for background checks)

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

Camp Hope I, July 4th – July 8th

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**

Please **PRINT** legibly

ALL SPACES MUST BE FILLED IN

Camp Hope 2012

STAFF MEDICAL & CONTROLLED RISK ACTIVITY FORM

Name _____ Male Female
Last First Middle

Address _____
Street City State Zip

Phone () _____ Birth date _____ Age _____

Social Security Number _____

EMERGENCY CONTACT: Name _____ 24 Hour Phone# _____

Relationship to you: _____

Camp dates you will be attending: Camp Hope I July 2nd – July 6th

Health History	
Check	Give approximate dates
	Frequent Ear aches
	Heart Defect/Disease
	Diabetes
	Bleeding/Clotting disorders
	Hypertension
	Mononucleosis
	Chicken Pox
	Measles
	German Measles
	Mumps
	Hay Fever
	Ivy Poisoning
	Insect Stings
	Penicillin
	Other drugs
	Asthma
	Other (specify)

Name of Physician _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Operations or serious injuries _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current Medications (send with instructions) _____

Other diseases _____

Suggestions on health related information for Camp Staff: _____

Do you carry Family Medical/Hospital Insurance? Yes No

Company _____

Policy or Group # _____

IMMUNIZATION HISTORY

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster. A current tetanus booster is needed to attend.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough) DPT	2	2
Tetanus	3	
Polio (Oral, Sabin – Injectable, Salk)		
Measles (Rubeola)		
Mumps		
Rubella		
Other		
Tuberculin test given		
Haemophiles Influenza b (HIB)		
Hepatitis B		

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:

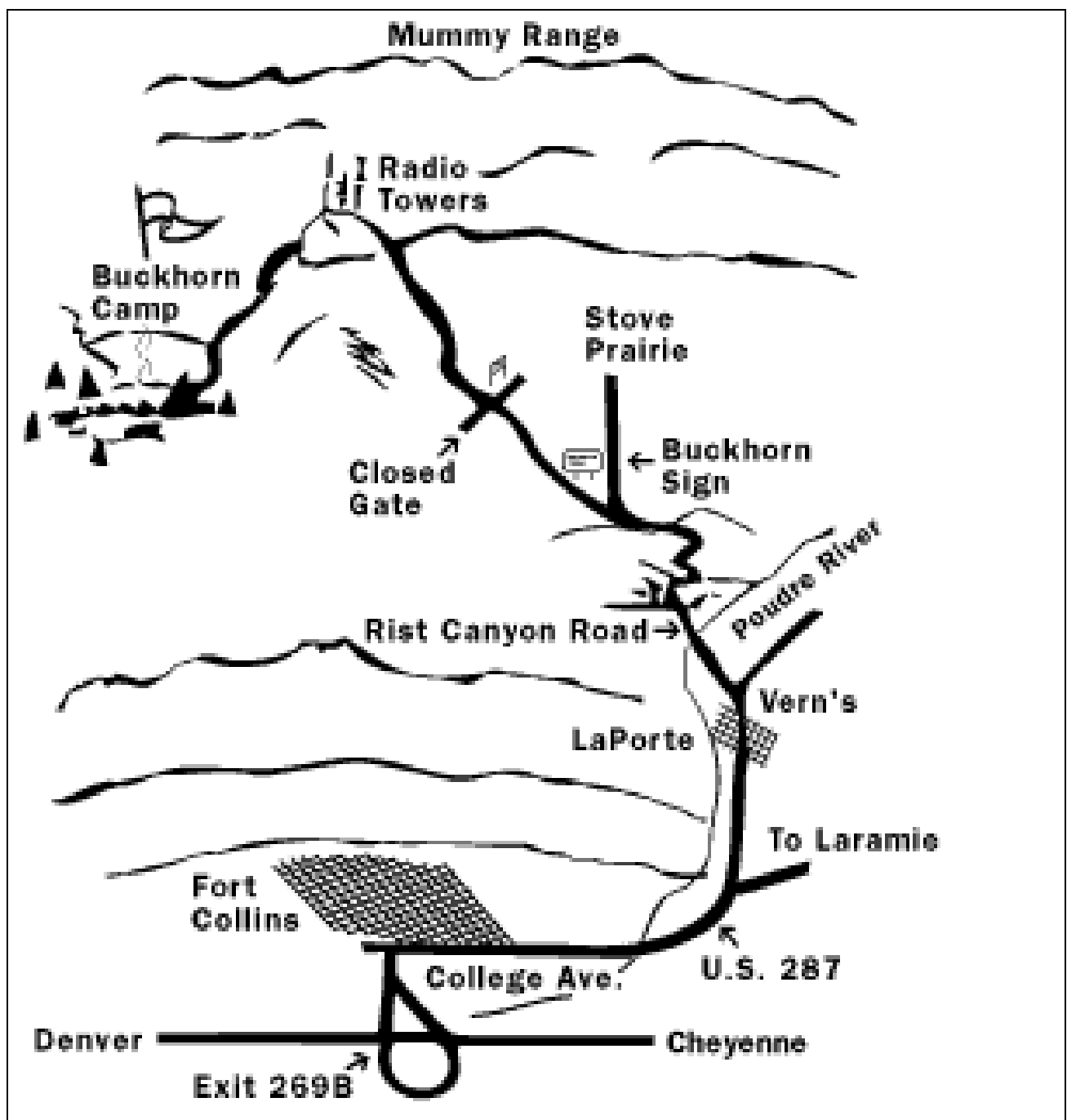
I give permission for _____ to participate in horseback riding, boating, and challenge course activities while at Buckhorn Camp/Tip Top Ranch. I understand that these are activities that involve a degree of risk and that only qualified leadership will be used. I understand that by signing this waiver 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 in 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 placed on my camp activities.*

Signature _____ Date _____

DIRECTIONS: BUCKHORN CAMP is located in the mountains west of Fort Collins. To drive to the camp from I-25 take the Highway 14 Exit (269B) and head west into Fort Collins. Turn North on US 287 (College Avenue) and follow it as it swings west out of town. Do not take the US 287 Exit to Laramie, but continue 2 miles to LaPorte; look for a rustic restaurant called Vern's on your right. Turn west at this intersection and cross the Cache La Poudre River and drive through Bellvue. Continue west (uphill) through scenic Rist Canyon for approximately 12 miles. When you reach the top of a steep winding section of road, (the Buckhorn Camp sign is on your left) turn south. Follow this road for another ½ mile to a closed gate. Don't be fooled by the gates appearance, it isn't locked and is not intended to keep our guests out - just the neighbors cows in! You're almost there so don't give up now, you only have another 2 miles to go. Take this last section slowly as it is scenic and in some places rough and narrow. Keep on the lookout for wildlife and other travelers. It is wise to allow 1 hour from Fort Collins to reach Buckhorn Camp. Enjoy the drive, as well as your stay. If you need further instructions, please call us at (970) 484-2508.



CAMP HOPE
2011 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	
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
2011 STAFF
NON-RELATED REFERENCE FORM – PLEASE SEND 2**

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 friend 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? _____

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Mary Eastman
 Camp Hope Director
 113 Pin Oak Drive
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Please print:

Name _____
 Signature _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____
 Date _____

Please contact me concerning this applicant.