

Kamp Koinonia Staff Application 2007

- Please PRINT all information requested -

Name _____

Street Address _____

City/State/Zip _____

Phone: Home (_____) _____ Cell (_____) _____

E-Mail _____

PERSONAL DATA

T-Shirt Size: _____

Age: _____

Sex: Male or Female

Do you have any disabilities that would limit your ability to serve at Kamp?

____ Yes ____ No If yes, please explain _____

If under 18, please include information below:

Parent Information

Father _____

Mother _____

Parents Address _____

Parents Home Phone (_____) _____ Cell _____

MEDICAL INFORMATION:

| | |
|------------------------------|-------------------------|
| Insurance Company & Policy # | Family Doctor & Phone # |
| | Diabetes: Yes or No |
| | Asthma: Yes or No |
| | High Blood Pressure: |
| | Tetanus Date: |
| | TYLENOL OR ASPIRIN |

List ALL current medical conditions, handicaps, allergies, etc.

List ALL medications you are currently taking (Turn medications into the nurse upon arrival)

CERTIFICATIONS HELD (Not required unless serving as Nurse or Lifeguard)

PLEASE CHECK THE ONES THAT APPLY

| | | |
|--|-------------------------|------------------------|
| CPR _____ | Certifying Agency _____ | Expiration Date _____ |
| First Aid _____ | Certifying Agency _____ | Expiration Date _____ |
| Advanced First Aid _____ | Certifying Agency _____ | Expiration Date _____ |
| Lifeguard _____ | Certifying Agency _____ | Expiration Date: _____ |
| Other Medical – Type (I.e., LPN, RN) _____ | | |

REFERENCES

Please list 3 Character References other than family members and please be sure one is a member of Cedar Hill Church of Christ.

| | | |
|-------|---------------|-------------------|
| Name: | Relationship: | Telephone Number: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Under state regulation, all workers must obtain a character reference letter. Please obtain and provide a letter from one of the references listed above with this application.

PREFERRED PROGRAM AREAS

Your selection of a specific area does not guarantee your assignment to that specific area. This is simply to aid us in matching applicants to available positions.

| | | |
|--|-----------------------|---------------------|
| _____ Counselor | _____ Crafts | _____ Kanteen |
| _____ Sports | _____ Worship Leading | _____ Tech. Support |
| _____ Lifeguard (must be 21 or older and hold current lifeguard certification) | | |
| _____ Kitchen Staff (must be 21 or older – will be selected by Head Cook and Director) | | |
| _____ Nurse (will be selected by Director) | | |
| _____ Other: | | |

Please list years previously served at camp and positions held _____

What skills or qualifications do you have that will make you a good candidate for the position(s) requested?

I relieve Kamp Koinonia, Texoma Youth Camp, Cedar Hill Church of Christ and kamp staff from any and all liability for sickness or injury of any nature or cause whatsoever while attending or traveling to or from kamp. I hereby authorize the Camp Director or Nurse to obtain medical treatment in case of an emergency. I agree to pay all expenses related to any emergency medical treatment administered. My signature is approval to attend and also authorization a criminal background check and for that information to be released to the Kamp Director. I also authorize contact of any and all references listed on my application or others that may be necessary.

I agree to abide by the rules and policies of the management of this kamp. I understand that if I willfully disregard camp rules, I may be dismissed from kamp.

Parent/guardian (if under 18) _____ Date: _____

Applicant Signature: _____ Date: _____

Note: By Texas State Law each staff member must have a current background check on file. If you have not completed a background check form since June of 2006, please complete the attached form