

CHILDREN OF MARY RELIGION CAMP
STAFF APPLICATION

Please complete all three application forms.

Also, if you are 18 years or older you must complete pages 1, 4, and 5
of the background screening forms* and complete the
VIRTUS Protecting Gods Children program.

* You do not have to complete a background check if you are in a South Carolina Parish and you have already had a background check thru your Parish. If not, or you are in a Parish outside SC, complete and mail pages 1, 4, and 5 of the background screening forms to Dominique May at the address below. The camp will pick up the cost.

Access VIRTUS and the background screening forms by clicking on the links at the bottom of this web page.

Don't Forget The Three Application Forms On The Following Pages

DATE: _____

CAMP DATE > July 14-20, 2013
Please include a picture of yourself

NAME: _____ Nickname: _____

ADDRESS: _____
(Street or P.O. Box) City State Zip

PHONE (____) _____ DOB _____ Male _____ Female _____

Grade/College Completed _____ # of Years Camp Staff Service _____ Years

Describe any experience you have working with groups or at camp. Tell why you would like to help at our camp. (Attach extra sheet if needed):

List skills in areas such as: catechetics, liturgy, counseling, arts & crafts, music, food services, sports, lifeguard, nurse, nature, dancing, dramatics, story telling, etc.:

Select three areas in which you would especially like to minister to youth and list them in priority:

1) _____ 2) _____ 3) _____

Which age group works better? 1) 1&2 graders 2) 3&4th graders 3) 5th & 6th graders.

Please list choices: 1) _____ 2) _____ 3) _____ .

Character Reference: Name _____ Phone #: _____

Address: _____
(Street or P.O. Box) City State Zip

WILL YOU ABIDE BY THE RULES OF THE CAMP? _____

(Camp rules may be obtain upon request)

Staff receive a camp T-shirt at the end of camp. Please specify your size:

Small Medium Large X-Large

Questions: Dominique May 704-825-9244

e-mail: childrenofmarycamp@gmail.com

Send application by June 15, 2012 to: Dominique May

P.O. Box 1093

Belmont, NC 28012

MEDICAL INFORMATION

IMPORTANT: THIS SECTION MUST BE COMPLETED FOR ATTENDANCE.

Primary Physician: _____ Phone: _____
Address : _____

NAME OF INSURANCE CO. _____

INSURANCE ADDRESS: _____

POLICY NUMBER: _____

POLICYHOLDER'S NAME: _____

A copy of the policyholder's insurance card would be very helpful.

AUTHORIZATION FOR TREATMENT:

I hereby give permission to the camp medical personnel to release medical history information, to contact the primary care physician and/or to provide or arrange related transportation in case of emergency to the nearest medical facility. In the event I cannot be reached in an emergency, I hereby give permission to the camp medical personnel to secure and administer treatment, including hospitalization. I agree that I will be financially responsible for medical treatment received. I understand that the camp will not be held liable in case of personal accident, injury, illness, or property loss or damage.

IN CASE OF EMERGENCY, THE CAMP SHOULD NOTIFY:

If parent/guardian not available in an emergency, notify:

Name: _____ Phone: _____

Relationship to Applicant: _____ Alternate phone: _____

Secondary responsible part to notify in case we cannot reach the person listed above:

Name: _____ Phone: _____

Relationship to Applicant: _____

Signature of Applicant: _____

Signature of responsible adult: _____

(if counselor is under 18 yrs old)

E-MAIL ADDRESS: _____

CODE OF CONDUCT AGREEMENT

I, the undersigned, understand that as a member of church personnel, any action of mine inconsistent with the *Code of Conduct for Church Personnel* or failure to take action mandated by the Code may result in removal from my position and/or termination of employment. My agreement to follow this Code of Conduct is acknowledged by virtue of my signature.

As a church personnel member, I will

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Avoid situations where I am alone with minors.
- Use positive reinforcement rather than criticism or comparison when working with minors.
- Not accept expensive gifts from minors or their parents, without prior written approval from the parents and the pastor/administrator.
- Not give expensive gifts to minors without prior written approval from the parents and the pastor/administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and the local responsible agency (DSS or Police). I understand that if I am a mandated reporter as defined by SC law, failure to report suspected abuse to civil authorities can result in prosecution and fines.
- Cooperate fully in any investigation of abuse of minors.
- Not smoke or use tobacco products in the presence of minors in the performance of my duties.
- Not use, possess or be under the influence of alcohol at any time while serving in my capacity as church personnel.
- Not use, possess or be under the influence of any illegal drugs at any time.
- Not pose any health risk to minors.
- Not strike, spank, shake or slap any minor.
- Not humiliate, ridicule, threaten, or degrade any minor.
- Not touch a minor in a sexual or other inappropriate manner.
- Not use any discipline that frightens or humiliates minors.
- Not use profanity in the presence of minors.

Printed Name

Date of Birth

Signature

Date