

CAMP GILEAD
P.O. Box 7006
Plainville, CT 06062



Camp

GILLEAD

2020

Staff Application

An exciting Youth Retreat at

Camp Pinnacle in Voorheesville, NY

July 26 – July 31

VISIT US AT OUR WEBSITE: www.mycampgilead.com

Summer Youth Retreat Experience
AT ITS VERY BEST!

THE ADVENTURE OF JOINING CAMP STAFF

Thank you for your interest in serving at *Camp Gilead*. Your investment will show up in changed lives! *Camp Gilead* has been the place where kids have come to Christ, received spiritual and emotional renewal, made fresh commitments, and dedicated their lives to serve the Lord. Many adults who now live fruitful Christian lives point to a power encounter with God at youth camp. As a Staff member, you will have a unique opportunity to be an instrument of God's grace and power extended to young people.

WHAT TO EXPECT

You can expect God to use you—like never before. Expect long days, challenging activities, lifelong memories, friendships, laughs, joy, tears, powerful praying, dynamic worship, life altering teaching, and a power encounter with God in your own life.

REQUIREMENTS

Volunteers: All Camp staff serves as volunteers but room and board is provided.

Transportation: Staff is responsible for their transportation to and from Camp.

Personal: You must be born-again, oriented toward Spirit-filled ministry, have a positive Pastoral Reference and background check, have a heart for young people, and able to lead and supervise campers.

Servant's Heart: You'll be expected to pitch in and help wherever needed without complaint, put the campers above yourself, be an example and positive role model, and cooperate cheerfully with the Camp Directors.

Good Health: All staff must be in good health, but counselors especially must be in good physical condition to be able to participate in all Camp activities.

Health Form: You must complete the Health Form enclosed and submit it with your Application.

VISIT OUR WEBSITE AT www.mycampgilead.com

THE CAMP GILEAD NETWORK

A network of Southern New England churches sponsors *Camp Gilead*. These churches relate to different organizations but share the same Christ-centered doctrine and mission for youth camp ministry. Contact by Phone 860.845.5720 / email: mycampgilead@gmail.com.

THE APPLICATION PROCESS

Please follow the steps below. Upon acceptance, you will receive an acceptance letter and the Staff Training Packet with materials to be completed prior to arriving at Camp. Notice that the Application Form includes a *Confidential and Voluntary Disclosure* section.

1. Complete the *Application Form* and mail it to Camp Gilead.
2. Give the *Pastoral Reference Form* to your Pastor/Leader.
3. Complete the *Health Form* and mail it to Camp Gilead.

STAFF ORIENTATION

You will be expected to participate in a mandatory pre-camp training session and prayer meeting for all Camp Staff. Staff Orientation will be held at Camp on opening day, July 26th, at 10:00 a.m.

THINGS TO BRING

All the usual toiletries, casual clothes, Banquet attire, sweater, jacket, rain poncho, modest swimsuit, sleeping bag, pillow, flashlight, camera, insect repellent, softball glove. Don't forget your Bible! *Counselors, bring decorations for your daily cabin decoration contest!*

STAFF CHILD DISCOUNT

Camp Gilead will give a \$25.00 discount off Camp fees to a child of a person serving on Camp staff: **One discount per staff member**. Staff member must be the parent or guardian of the camper discounted.

DIRECTIONS

After your Camp Staff Application is approved, confirmation will be sent to you via email. Camp Gilead rents the camp facility at Camp Pinnacle located at 621 Pinnacle Road Voorheesville, NY 12186.

STAFF APPLICATION FORM—PAGE 1: (Please Print Clearly.)

Name (Mr./Mrs./Miss): _____ DOB: ____/____/____
Address: _____
City: _____ ST: _____ Zip: _____
Best Contact #: () _____ Work Phone: () _____
E-mail Address: _____

With What Age Group Do You Work Best? ___ 8 to 12 year olds ___ 13 to 19 year olds ___ Either
Camp Position Applying For: Counselor Ministry Team Worship Team
 Kitchen Help Archery Instructor
 Lifeguard Sports Director Camp Director
 Crafts Director Admin. Assistant
 Nurse General Help Other

Staff T-shirt Size: ___ Small ___ Medium ___ Large ___ XLarge ___ XXLarge

EDUCATION:

High School Graduate? ___ Yes ___ No College Graduate? ___ Yes ___ No List Degree: _____
College Student? ___ Yes ___ No Years Completed? _____ Major _____
Special Training: _____ Present Occupation: _____

SPIRITUAL BACKGROUND:

Pastor's Name: _____ Church: _____
Address: _____
City: _____ ST: _____ Zip: _____
Best Contact #: () _____ Work Phone: () _____
Are You Born-Again? ___ Yes ___ No When? ____/____/____
Have You Been Baptized In Water? ___ Yes ___ No When? ____/____/____
Are You Filled/Baptized with the Holy Sprit? ___ Yes ___ No

Answering "No" to the last two questions will not prevent you from serving on the Camp Gilead staff unless you disagree with these experiences as a part of a progressive Christian walk.

CAMP EXPERIENCE:

As a Camper (Year and Place): _____
As a Staff Member (Year and Place): _____

REFERENCES: (Please list two References other than relatives who have known you during the past two years.)

Name: _____ Best Contact Phone Number: () _____
Address: _____
City: _____ ST: _____ Zip: _____
Email Address: _____
Name: _____ Best Contact Phone Number: () _____
Address: _____
City: _____ ST: _____ Zip: _____
Email Address: _____

STAFF APPLICATION FORM—PAGE 2: (Please Print Clearly.)

ABILITIES: In the following lists put a "1" before those areas you can organize and teach, a "2" before those you can assist in teaching, and a "3" before those areas you are slightly familiar with.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Campfire Programs | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Softball | <input type="checkbox"/> Tetherball |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Basketball | <input type="checkbox"/> Ping Pong |
| <input type="checkbox"/> Drama and Skits | <input type="checkbox"/> Deaf Sign Language | <input type="checkbox"/> Archery | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Puppetry | <input type="checkbox"/> Missions Trip Experience | <input type="checkbox"/> Football | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Worship Leading | <input type="checkbox"/> Soccer | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Instrument _____ | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Sound Systems |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Swimming | <input type="checkbox"/> Paintball | <input type="checkbox"/> Visual Systems |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Boating/Canoeing | <input type="checkbox"/> Face Painting | <input type="checkbox"/> Decorating Skills |

Other Abilities: _____

MEDICAL, WATER SAFETY AND SPORTS CLASSIFICATION: Please check the current Certificates and/or Licenses you hold. Please photocopy these and mail them to Camp Gilead along with this Application Form. Thank you.

- | | | |
|--|--|---|
| <input type="checkbox"/> LN/LPN/RN/EMT | <input type="checkbox"/> Waterfront Training | <input type="checkbox"/> Non-swimmer |
| <input type="checkbox"/> Archery Certification | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> Beginning Swimmer |
| <input type="checkbox"/> Lifeguard Training | <input type="checkbox"/> CPR (For Professional Rescuers) | <input type="checkbox"/> Intermediate Swimmer |
| <input type="checkbox"/> Adv. Lifesaving | <input type="checkbox"/> First Aid (Responding to Emergencies) | <input type="checkbox"/> Advanced Swimmer |

Confidential Statement and Voluntary Disclosure:

We ask the following questions in cooperation with New Hampshire State law and insurance purposes. *Camp Gilead* seeks to provide the safest environment for the children and youth that attend our Camp. The background check helps us to accomplish that goal. Please be assured that this information will be kept confidential. Thank you.

Have you ever been convicted of any crime, including child abuse or sex abuse crimes? Yes No

If Yes, please explain:

Have you ever been charged with any crime related to sexual misconduct or to abusive behavior? Yes No

If Yes, please explain:

Are there any criminal charges against you currently pending in any State? Yes No

If Yes, please explain:

Previous Address (If you have lived less than seven years at your current address.)

Address: _____ City: _____ ST: _____ Zip: _____

My Signature indicates that the above statements are true and indicates my cooperation to provide a Background Check to Camp Gilead:

Signed: _____ Date: _____

Mail Application Form To: Camp Gilead, P.O. Box 7006, Plainville, CT 06062

Staff Health Form—Camp Gilead 2020

Complete and Mail to: P.O. Box 7006, Plainville, CT 06062.

This form is confidential to Camp Nurse, Health Personnel and Directors.

Important: You may *not* stay overnight on the campground until we have received a *completed* Health Form.

Applicant's Name: _____ Sex: _____ DOB: ____/____/____ Age: ____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

INSURANCE INFORMATION: Subscriber's Name: _____ DOB: ____/____/____

Insurance Co.: _____ Policy # _____ Phone: () _____

IN CASE OF EMERGENCY NOTIFY: (At least one person named below must be a Family Member, Parent or Guardian.)

Name: _____ Relationship: _____

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

Name: _____ Relationship: _____

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

In case of emergency, **I HEREBY GIVE PERMISSION** to the physician selected by *Camp Gilead* to hospitalize, secure proper treatment for, or to order injections, anesthesia or surgery for applicant. I give permission for the Camp Nurse to administer the prescription medications that applicant brings to Camp and non-prescription medications during Camp for the treatment of minor health issues. But NO Aspirin will be given. (Note: All prescriptions must be in the original container and turned in to the Camp Nurse during Registration. *Camp Gilead* accepts no responsibility for untoward reactions when the medication is given in accordance with the directions on the original container and/or written instructions from the applicant's physician. I accept responsibility for payment of all expenses incurred as a result of medical treatment.

To the best of my knowledge I am physically, mentally and emotionally able to participate as Staff in the Camp program. I can engage in all prescribed camp activities (except as noted by me as described on the Health Form). I understand that part of the camp experience involves activities, group living arrangements and interactions that may be new to me, and that they come with certain risks and uncertainties beyond what I may be used to dealing with at home. I am aware of these risks and I am assuming them on my behalf. I hereby waive any claim against *Camp Gilead* and its volunteers. (Note: applicant is not waiving gross negligence or any intentional acts.)

Also, I grant permission to *Camp Gilead* to use images (digital, video, photos) taken during camp activities that may include me solely for publicity purposes of *Camp Gilead*.

SIGNATURE: X _____ Date: ____/____/____

<Please Be As THOROUGH as possible>

Record of immunizations (Dates of latest boosters, as much as possible.) You may attach a printout of immunization record and report of physical from physician's office. **(If you know your shots are up to date but don't know dates, just write "Up-to-Date.")**

DPT (Date)	Oral Polio (Sabin) (Date)	Rubella (Date)	Hepatitis B (date) <small>(If born on/after Jan. 1, 1993.)</small>
DT (Date)	MMR (Date)	Mumps (Date)	
Tetanus (Date)	Measles (Date)		

Treatment or medication to be continued at Camp: _____

Special medication precautions or medical concerns for Camp Nurse or doctors to be aware of for this applicant in a Camp setting:

Allergies: _____ **For severe allergies/medical concerns, explain on back and check here: ⑦**

Special Diet Requirements: _____ Restrictions on Activities: _____

Continued On Reverse

Last Name: _____

First Name: _____

Staff Health Form—Camp Gilead 2019

Additional Information: Complete as Applicable

Confidential Health History: (Please check if applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anger Problems | <input type="checkbox"/> Recent Life Changes
(Ex., divorce, death in the family, etc.) |
| <input type="checkbox"/> Pain Medication | <input type="checkbox"/> Nervous/Mental Disorder | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Poor Physical Condition
(Ex., overweight, smoker, etc.) |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Communicable Disease | |

Please explain any conditions checked above: _____

If you have a severe life-threatening allergy, you must call *Camp Gilead* to personally register that information. Call 860.845.5720.

Please describe allergies to food, medications, etc.:

Are there specific health concerns you have?

Please list medication information below:

Medication: _____ Reason for Taking: _____

Dosage/Strength: _____ Frequency/Times of Administration: _____

Medication: _____ Reason for Taking: _____

Dosage/Strength: _____ Frequency/Times of Administration: _____

Medication: _____ Reason for Taking: _____

Dosage/Strength: _____ Frequency/Times of Administration: _____

Box Below is For Camp Nurse Use Only

Notations and Special Instructions:

1. _____
2. _____
3. _____

PASTORAL REFERENCE FORM

CAMP GILEAD STAFF

MAIL TO: *Camp Gilead*, P.O. Box 7006, Plainville, CT 06062

APPLICANT – FILL OUT THIS SECTION

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____ Junior Camp Senior Camp

PASTOR – FILL OUT THIS SECTION

1. If you are not the applicant's Pastor, what is your relationship to him/her? _____

2. How long have you known the applicant? _____

3. How well? Very Well Fairly Well Casually By Name/Sight Not At All

4. Has the applicant made a meaningful personal commitment to Jesus Christ? Yes No Unsure

5. What is the applicant's current level of involvement in the church? (Check All That Apply)

Attends Regularly Attends Casually Interested Distant Involved Cooperative

Not Committed Helpful Enthusiastic Halfhearted Leader On the Fringe

6. Please evaluate the applicant in the following areas by checking the appropriate level:

	Excellent	Above Average	Fair/Poor	Unknown
Personal Grooming	_____	_____	_____	_____
Diligence and Motivation	_____	_____	_____	_____
Influence on Others	_____	_____	_____	_____
Expected Impact at Camp	_____	_____	_____	_____
Integrity and Character	_____	_____	_____	_____
Promptness	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Acceptance of Instruction	_____	_____	_____	_____
Health and Fitness	_____	_____	_____	_____
Courtesy and Tactfulness	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____
Dependability	_____	_____	_____	_____

7. Do you have any reservations about this person working with children or know of any reason why this person should not be allowed to work with children? _____

8. Applicant is: Highly Recommended Recommended Not Recommended

NAME (print) _____ SIGNATURE _____

POSITION/TITLE _____ DATE _____

EMAIL _____ PHONE (____) _____

NOTE! The Applicant Will Not Be Accepted Until This Form Is Received