



SPJST Camp

Year 20__

Staff/Volunteer Application

(Please type or print)

Date of Application _____

Name _____ Social Security Number _____

Permanent Address _____
Street and Number City State Zip

Phone _____ Area Code and Number Fax _____ Area Code and Number Email _____

School or Business Address _____
Street and Number City State Zip

Phone _____ Area Code and Number Fax _____ Area Code and Number Email _____

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last 5 years (include college and home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on separate sheet if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

If yes, please explain: (Use separate sheet, if necessary.)

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child under 14 years of age
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of 14 years
- Rape
- Rape of a child under 16 years of age with force
- Assault with intent to commit rape
- Kidnapping of a child under 16 years of age with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use a separate sheet, if necessary)

4. Have you ever been judged liable for civil penalties or damages involving sexual or physical abuse of children?
 If yes, please explain: (Use a separate sheet if necessary.) Yes No

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection?
 If yes, please explain: (Use a separate sheet if necessary.) Yes No

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?
 If yes, please explain: Yes No

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 a separate sheet if necessary.

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

Indicate any employer you do not wish us to contact, and the reason. _____

References Give names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits, and ability.

Name	Address and City	Phone

Camp Experience How many years have you attended SPJST camp? _____

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities (horseback riding, canoeing, swimming, etc.) except as noted. _____

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or

routine tests. I agree to the release of any records necessary for insurance purposes. I authorize and release the camp director or camp nurse to seek and obtain reasonable and necessary medical care in the event of an emergency and hereby authorize and release any doctor and such assistants as such doctor may designate to provide such reasonable and necessary medical attention without first requiring my knowledge or consent, either verbal or written.

Signature _____

Printed name _____ Date _____

Emergency Contact _____ Phone _____

Home address _____
Street Address City State Zip Mobile _____

Business address _____
Street Address City State Zip Phone _____

If not available in an emergency, notify _____ Phone _____

Relationship _____ Mobile _____

Home Address _____
Street Address City State Zip Bus. Phone _____

Allergies

List all Known.

Describe reaction and management of the reaction.

Medication Allergies (list)

Food Allergies (list)

Other Allergies (list) - Include insect stings, hay fever, asthma, animal dander, etc.

Medications Being Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp.

Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes **No medications** on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

Restrictions (The following restrictions apply to this individual.)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other (describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (ex., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (ex. itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had a seizures?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions. _____

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
TB Mantoux Test	Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Date of Last test _____	Hepatitis B	_____	_____	_____	_____	_____	_____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Varicella (chicken pox)	_____	_____	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. _____

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

7. **Certifications and Camp Support Staff Skills** Please check those items in which you have experience and skills. Mark with a "C" those for which you hold current certification and attach a copy of your certification.

___ CPR ___ First Aid ___ Lifeguard ___ Nursing

Release of Liability

I am working at the SPJST District _____ Camp as a volunteer/paid staff member strictly of my own accord. I understand that reasonable precautions are taken for the health and safety of all campers and workers at said camp. I will not hold responsible the SPJST, its staff members, officers, directors, employees, agents, successors, and/or assignees for any accident, illness, injury, or other occurrence suffered or contracted while at said camp.

I further understand that I am solely liable for my actions and any repercussions thereof. I agree to indemnify and hold harmless the SPJST, its staff members, officers, directors, employees, agents, successors, and/or assign from any liability incurred as a result of my actions, whether taken solely or jointly with other individual(s).

Signature _____ Date _____

Printed/Typed Name _____

To be completed by Camp Volunteer

I have received, read and understand the text of a document entitled "SPJST Rules of Conduct for Youth Activities" for youth and adults, and pledge to govern myself accordingly.

Signature _____ Date _____

To be completed by Camp Staff

_____ agrees to fill the position of _____ and to carry out
(Staff Member's Name) (Staff Position)
such duties and responsibilities as are mutually agreed upon by the SPJST Youth Department and/or District Youth Counselor involved and as set forth in the document "SPJST Rules of Conduct for Youth Activities," which have been received, read and understood by the above-named staff member.

In return for the above services, said person shall receive \$ _____ for the period from _____
to _____ until dismissed on _____. This amount will be paid on the last day of camp.
The cost of any equipment belonging to SPJST and any long distance phone calls placed by the staff member while at camp will be deducted from this final amount.

DYC Signature _____ Date _____

I agree to the above conditions and will fulfill the responsibilities of my position to the best of my ability.

Staff Signature _____ Date _____

Authorization for Release of Information and Records

I, _____, have applied as a volunteer/paid staff member for SPJST District _____ Camp at _____, Texas.

I hereby authorize any person, organization, agency, corporation, etc. to whom this Authorization is given to release th SPJST any information to their knowledge or documents in their possession which may be request- ed by SPJST in its consideration of application.

Specifically, but without limiting the scope and nature hereof, I hereby authorize any physician or health provider who has treated me to disclose any records in their custody, including medical records, reports, x-rays, or other documentation, relating to my health and my physical and mental condition. I further release such physician or health provider to verbally discuss such information with SPJST.

Specifically, but without limiting the scope and nature here. I hereby authorize any employer, teacher, profes- sor, or school administration, both current and former, to disclose any records in their custody concerning my performance and character. I further release such persons to verbally discuss such information with SPJST.

Disclosure of such information may be made only to the SPJST Supreme Lodge President, SPJST State Youth Director, SPJST District Youth Counselor, or any other person designated by the SPJST Supreme Lodge President.

Witness*

Applicant

Date

Date

Signature

Signature

Printed or Typed Name

Printed or Typed Name

Address

Address

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number

Date of Birth

Date of Birth

Social Security Number

Social Security Number

*** Must be witnessed by someone other than an SPJST Youth Leader or SPJST District Youth Counselor.**