

S E C O N D B A P T I S T

Summer Camp



STAFF APPLICATION

An Outreach Ministry of Second Baptist Church
2504 Moody Road

Warner Robins, GA 31088

<http://secondfamily.tv/summer-camp-2018/>

Church Office - (478) 923-7101

Camp Director: Donise Woodrich

Email: summercamp@sbcwr.org

2018 EMPLOYMENT DATES

Check each week you are interested in working:

- May 29-June 1 June 4-8 June 11-15 June 18-22 June 25-29
- July 2-6 (No Camp 7/4) July 9-13 July 16-20 July 23-27

PERSONAL DATA

Full Name: _____
(Last) (First) (Middle)

Preferred Name: _____ Gender: M F

Age as of May 1: _____ DOB _____

Social Security # _____ T-Shirt size S M L XL XXL

Home Address _____

City/State/Zip _____

Home Telephone (_____) _____ Mobile Phone (_____) _____

Email Address _____

Father's Name _____

Work Phone : (_____) _____

Mother's Name _____

Work Phone : (_____) _____

EDUCATION

High School

High School Attended _____

Year Graduated _____ Grade Average _____

College

College Attended _____

Grade Average _____

College yrs. completed by this May _____

Major _____

EMPLOYMENT

Current Employer _____ Length of Employment _____
Manager's Name _____ Phone #(_____) _____

Previous Employer _____ Length of Employment _____
Manager's Name _____ Phone #(_____) _____
Reason for Leaving _____

ACQUIRED SKILLS- Include copies of certifications with this application

Certifications are not required for employment

Have you received certified First Aid or CPR Training? **Y N** If yes, expiration date: _____

Are you a certified lifeguard? **Y N** If yes, expiration date: _____

Do you have a valid Class B license to drive a bus? _____

What other skills or talents do you have? Please describe (**add additional sheets if necessary**):

CHURCH AFFILIATION

Are you a church member? Yes No What church? _____

Do you attend church regularly? Yes No Where? _____

Pastor(or staff member)'s Name: _____ Phone # _____

Are you active in a campus ministry organization? Yes No Which? _____

Second Baptist Church is an inclusive church. This means that through the camping program we will be ministering to all kinds of children and youth, representing various ethnic groups, lifestyles, and family backgrounds. Are you willing to be a part of the Summer Camp Team, understanding that your ministry must be inclusive? ___**Yes** ___**No**

Do you have a personal relationship with Jesus Christ? ___**Yes** ___**No**

If you have a personal testimony of salvation, please share it on a separate sheet of paper and include it with this application.

REFERENCES(must list at least 3)

Name	Phone #	Relationship to applicant
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Name	Phone #	Relationship to applicant
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Name	Phone #	Relationship to applicant
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MEDICAL AUTHORIZATION- Please read each paragraph carefully

As a parent/guardian of the counselor or as a legal adult, I authorize the Second Baptist Church staff and volunteer staff to administer first aid or take the counselor to a physician for treatment. I, _____, give my permission to the Second Baptist Summer Camp Director or to other staff members to call a doctor for medical or surgical care for the counselor _____. Should an emergency arise, I understand that a conscientious effort will be made to locate the parents or emergency contacts of the counselor before any action will be taken, but if it is not possible to locate the parents or emergency contacts, I understand that this expense will be accepted by the parent/guardian or the counselor if he/she is a legal adult.

Applicant Signature

Date

Parent's Signature

Date

In the event of any illness or accident while participating as a Second Baptist Summer Camp member, I hereby give my permission for any necessary medication, hospitalization, or surgery. I understand that decisions concerning proper course of action will be made by _____ (***name of applicant***) and the Director, in consultation with a physician. The family will be contacted at the earliest possible moment. _____ (***name of applicant***) is medically fit to participate as a Second Baptist Summer Camp member.

Applicant Signature

Date

Parent's Signature

Date

AUTHORIZATION – Please read each paragraph carefully

By my signature placed below, I affirm that the information provided in this employment application is true and complete. I understand that if employed, any false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in the rejection of my application or discharge at anytime during my employment. I agree to immediately notify Second Baptist Church if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired.

I authorize the investigation of all statements contained in this application. I also authorize Second Baptist Church to contact my present employer (unless otherwise noted in this application form), past employers, listed references and other references that might know of my qualification for employment, and I release such persons and organizations from any legal liability in making statements to Second Baptist Church. I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, training, certifications, professional credentials, driving record, substance abuse, child abuse, sex-related offenses, and/or criminal history.

In the event of my employment with Second Baptist Summer Camp, I agree to comply with all rules, regulations, and policies of Second Baptist Church, relating to Second Baptist Summer Camp staff, and I also agree to abide by the authority of the Camp Director. I understand that use of alcohol, tobacco, and illegal drugs is strictly prohibited during employment.

I understand this application does not, by itself, create a contract of employment, and that no person is authorized to change any of the terms mentioned in this employment application form.

I understand that by accepting a position with Second Baptist Summer Camp I will be committing myself to a position of service, and my behavior and attitude will be examined in terms of my modeling Christ to others. I hereby acknowledge that I have read and understand the preceding statement.

Applicant's Printed Name

Applicant's Signature

Date Signed

Second Baptist Summer Camp Staff Responsibilities

- Counselors are responsible for the care of their campers from the time a camper arrives at camp until the camper departs.
- Personal staff vehicles shall be parked in designated areas and not moved until the close of camp each day.
- Cell phones, TVs, electronic games, iPods, etc., are not allowed without authorization by the Camp Director or while campers are present.
- Staff members are expected to wear a wrist watch and not to use their cell phones to determine the time.
- Personally owned musical instruments, sports equipment, etc., must be plainly labeled with identification and with regard to use by others. The owner assumes all risks.
- Staff members are expected to be on time for all staff meetings. Any staff member who is habitually late for work assignments will be dismissed.
- Regarding sickness, if a staff member is considered too sick to work (experiencing fever, nausea, or diarrhea), he/she will be sent home to recover.
- All staff is required to participate in scheduled camp evaluations and camp clean-ups at the end of each day and at the end of the season.
- Camp owned equipment may be used only by authorized personnel during events sponsored by the Camp.
- During swimming periods, female staff **must** wear one-piece bathing suits.
- Staff members are expected to be good stewards of all camp equipment, supplies, and food.
- Emergency leave may be granted in the case of critical illness or death in the immediate family. Time granted will vary with the circumstances at the discretion of the Camp Director, but will not exceed three days with pay.
- The following will not be tolerated in the workplace, and will result in immediate disciplinary action, up to and including termination:
 - Sexual harassment
 - Tobacco use of any kind
 - Use of profanity
 - Possession or use of alcohol or illegal drugs
 - Possession or use of a firearm, explosive or other weapon
 - Possession or use of pornographic material
- All staff members are required to maintain as neat and safe an appearance as possible. Since summer camp ministry is a childcare ministry, the confidence of the parents of our campers is

extremely important to our ministry. Therefore, specific appearance related concerns are addressed in detail:

While on duty, body-piercing jewelry attached other than to the ear, which would otherwise be visible, must be camouflaged to the satisfaction of the Camp Director, or be removed. All body piercing jewelry posing a safety concern (i.e., loops, dangles) must be removed or replaced. Due to health and safety considerations, staff members shall not obtain new body piercing or tattoos during their period of employment.

Hair color is to be kept within the range of natural hair color tones.

The Camp Director reserves the right to ask that tattoos be kept covered.

Clothing with profane slogans or slogans related to tobacco, alcohol, or drug use shall not be worn.

Staff will NOT wear flip flops or CROCs to camp. Staffer will be sent home if they show up wearing them. You are to set an example for the campers.

The final interpretation of appearance issues resides with the Camp Director/Executive Director.

- Conditions of severance: Camp staff member agree that any work-related grievances shall be brought to the attention of the Camp Director. Second Baptist Church reserves the right to terminate this agreement with a one week written notice from the Camp Director, as well as reserving the option to pay any terminated employee for the notice period.

I have read the stated policies and guidelines and agree to abide by them during my time of employment.

Applicant's Printed Name

Applicant's Signature

Date Signed