

FLORIDA COLLEGE DRY CREEK CAMP

P. O. Box 333
Alief, Texas 77411-0333

Phone: 281-498-8782
Fax: 866-395-2786
Email: FCDryCreek@aol.com
Website: www.FCDryCreek.com

Thank you for wanting a **2009 Staff Application Form** for the Florida College Dry Creek Camp. We are delighted to know of your interest in serving young people. The date of the Camp is **June 7-13, 2009**.

There are two purposes of the Camp. The first is to provide young people a summer recreational and educational opportunity that will make a positive contribution to their whole being. A second and closely related purpose is to introduce and to promote the advantages of attending Florida College. All applicants must be enthusiastic about our campers attending Florida College. If this is not true then this Camp is not for you.

In order to complete your Application you need to do the following:

1. Think carefully about whether you have the time for this commitment. This includes the following:
 - a. Arrange your work schedule to be free from Saturday to Saturday the week of Camp. **For Office/Support Staff applicants, it is Friday to Saturday.** This means that you have secured the authorization from all appropriate authorities (bosses, wives, husbands, parents, deans, etc). If this cannot be done by the time this Application is submitted, please indicate at the end of this form when it will be certain. If you change jobs, interview for the new job requesting the days off. If it is denied and you still take the job, let us know immediately so you can be replaced.
 - b. Place this commitment above all other social commitments. We understand that there are unavoidable emergencies such as death and illness. Here we are speaking of weddings, sports games, parties, etc. about which you have a choice. If you are not prepared to forego all of these other choices for Camp, this Camp is not for you. It is difficult to replace last minute cancellations and give the replacements the time to prepare. So again, look ahead to see if you have the time, ability and willingness to make this commitment.
 - c. It is important that you understand that serving on the Dry Creek Staff requires more than just the time and work of the one week at Camp. Many hours of planning and preparation throughout the year are a necessary prerequisite of a successful camp. To aid this process, we have two counselor meetings a year. Please note that the dates are **Saturday, October 25, 2008 and Saturday, April 4, 2009.** We expect all of our Staff to place these dates above all other social commitments. We are telling you now so that you can carefully consider whether you have the time to be on the Camp Staff.
 - d. Work assignments are made several months before the camp and all preparations (Bible lessons, crafts, skits, costumes, knowing sports team rules, etc., etc.) are expected to be completed before arriving at the Camp. We are emphasizing this because our experience has taught us that the making of a great Camp Staff begins with being prepared before you arrive at Camp and a great Camp Staff makes a great Camp. If you want more information on what will be required, please contact us.
2. On the Application, indicate areas of interest and ability and write any comments in the "comment section" that will help us understand your choices. Be as complete as you can, because with more information, we can determine better where you can serve. In the Craft/Activity section, make certain that you have numbered your top **3 choices in the proper column.**
3. **Complete and sign the Medical Form portion.** Mainly, this is for getting you the proper medical help in case you can not tell us. Your social security number is required in case of medical attention and/or a background check. It is not available to the public and all medical forms are shredded after Camp.
4. Return the Application form to us as soon as possible. Staff selection begins in September.

Each year we have more applicants than we have openings, so please do not be discouraged if you are not chosen. Some have chosen to patiently apply year after year until there was an opening. Others have indicated that they could come on short notice to replace any last minute cancellations. There are times when we must go hunting for replacements, and we always start in our application file.

Thank you again for your interest.

Within His service,



John M. Kilgore (Director)

Support Staff will report by:
Friday, June 5, 2 p.m.
 Counseling Staff will report by:
Saturday, June 6, 11 a.m.

Florida College Dry Creek Camp

P. O. Box 333, Alief, TX 77411-0333
 Email: FCDryCreek@aol.com Website: www.FCDryCreek.com

Camp Date
June 7-13, 2009

Staff Application Form

Name: _____ Sex: F ___ M ___ Age: ___ DOB: ___/___/___

Home Address: _____
 _____ City _____ State _____ Zip _____

Phone Home: (____) _____ Work: (____) _____ Fax: (____) _____ E-Mail: _____

Cell Phone: (____) _____ College Address (if any): _____
 _____ City _____ State _____ Zip _____

College Phone: (____) _____ Fax: (____) _____ Local Church: _____

Marital Status: M ___ S ___ D ___ Children (Ages): _____ Occupation: _____

Bible Teaching Experience: _____ Camp Experience: _____

References: Non-Family Persons who know you well: (To be completed only by those never selected to the Dry Creek Staff.)

(1) Name: _____ Relationship: _____

Address: _____ Phone: (____) _____
 _____ City _____ State _____ Zip _____ A/C _____

(2) Name: _____ Relationship: _____

Address: _____ Phone: (____) _____
 _____ City _____ State _____ Zip _____ A/C _____

Please indicate areas of training, talents, and/or interests:

Medical:	√ if Yes	Comments:
Certified Nurse		RN? ___ or LVN? ___
First Aid Training		Currently Certified?
CPR Training		Currently Certified?
Medical Doctor		
Transportation to Clinic/Hospital		
Bible Studies and Worship:		
Direct Teaching & Worship Program		
Write Bible Study Material		
Teach a Class		Grade Preference? (circle) 4-5 5-6 6-7 7-8 8-9 9-10 10-11 11-12 Any
Assist With a Class		
Chapel Talk		
Plan & Organize Song Worship Service		
Lead Singing		
Sports and Swimming:		
Director - Sports Program		
Assist Director - Sports Program		
Captain - Sports Team		
Assist With Sports Team		
Sports Team Preference?		Arete ___ KO ___ Omega ___ Phi Sig ___ Psi Beta ___ Zeta Phi ___ Any ___
Certified Life Guard		Currently Certified?
Strong Swimmer		
Can Swim		

Please number your top 3 choices 1, 2, 3 in the "Choices" column.

Crafts & Activities:	√ if Yes	Choices 1, 2, 3	Comments:
Director - Crafts & Activities Program			
Craft Teacher			Specific craft preference?
Craft Assistant			Specific craft preference?
Drawing Skill			
Painting Skill			
Sewing Skill			
Woodworking Skill			
Other Craft Skill			Description:
Archery Teacher			
Archery Assistant			
Basketball Teacher			
Basketball Assistant			
Calligraphy Teacher			
Calligraphy Assistant			
Canoeing Teacher			
Canoeing Assistant			
Cosmetology			
Drama Teacher			
Drama Assistant			
Fire Tower Visit Leader			Like Heights?
Fishing Teacher			
Fishing Assistant			
Golf Teacher			
Juggling			
Music Teacher			
Music Assistant			
Piano Accompanist			
Nature Trail Teacher			Know the Woods?
Nature Trail Assistant			
Newspaper Editor			Typing Speed?
Newspaper Assistant			Typing Speed?
Poetry Teacher			
Poetry Assistant			
Riflery Teacher			
Riflery Assistant			
Sign Language Teacher			
Sign Language Assistant			
Soccer Teacher			
Soccer Assistant			
Volleyball Teacher			
Volleyball Assistant			
Adventure Course (Low Ropes) Leader			
High Ropes Challenge Course Leader			
Suggestions For Other Crafts & Activities:			
1.			
2.			
3.			
Counseling – Cabin:		Grade Preference? (circle)	4-5 5-6 6-7 7-8 8-9 9-10 10-11 11-12 Any
Amount of sleep needed to function well?		Circle One -	6 or more hours 5 or less hours

Florida College Dry Creek Camp
Medical Form Staff
Sign and Send with the Application
Make a copy for your records.

Name: Last First Middle SS# - -

Address: If away from home, give business or location Name./Number/Street Phone () City/State/Zip

Family Physician's Name:

Address: Number and Street City/State/Zip Phone: ()

Medical Insurance Name and Identification Number:

Name of two relatives/friends who may be contacted in case of an emergency:

1. Name: Address: Phone: ()

2. Name: Address: Phone: ()

Please provide information that you feel would be necessary for your treatment in case of emergency.

GENERAL HEALTH AND MEDICAL HISTORY:

1. Specify any chronic or long-term illness:

2. Specify any operations or serious injuries:

3. Check communicable diseases? Measles ___ German Measles ___ Mumps ___ Chicken Pox ___ Other: ___

4. Allergies?: Drugs ___ Food ___ Animals ___ Plants ___ Other ___ Explain reaction and indicate medication used.

5. Check any of the following: Sleepwalking ___ Other sleep disturbances ___ Nightmares ___ Fainting ___ Asthma ___ Seizures ___ Stomach upsets ___ Constipation ___ Emotional/Family problems ___ Phobias ___ Give details: ___

6. Immunizations? DPT ___ MMR ___ Polio ___ Chicken Pox ___ Other ___

7. Restrictions: Any activity restrictions? No ___ Yes ___ If yes, specify: ___

MEDICATION: Are you bringing medication to camp? No ___ Yes ___

If yes, complete the Medication Schedule on page 2.

SIGN HERE:

In the event of an emergency, I hereby give permission for the physicians selected by the officials of the camp, camp doctors or nurses, or bus chaperone to provide whatever medical or surgical treatment is necessary.

Date Signed

Your Full Name: _____

Medication Schedule

Label all medication with your name, medication name and directions for administering.

#1 Self-Given? (Circle One)	#2 Mandatory? (Circle One)	#3 Name of Medication or Treatment	#4 Name of Condition	#5 Dosage	#6 Times (Circle all that apply)	#7 Frequency of med. or treatment (Circle One)	#8 If "As Needed", how are we to decide?
Yes / No	Yes / No				B L S BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B L S BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B L S BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B L S BT	1/day 2/day 3/day 4/day As Needed	
Yes / No	Yes / No				B L S BT	1/day 2/day 3/day 4/day As Needed	

#1 Self-Given:

- If yes, you will keep the medication and be responsible for taking it.
- If no, nurse will keep medication and will monitor its administration.

#2 Mandatory:

- If yes, all dosages must be taken on schedule.
- If no, this medication will only be taken as needed (as a symptom presents itself). If taken only "as needed", please explain in column 8.

#3 Name of Medication or Treatment: Medication as named on prescription bottle or package.

#4 Condition: Condition for which this medication is given.

#5 Dosage: Strength of each dose as indicated on prescription (ex. 250 mg.)

#6 Times: The time of day you should take the medication. (B= Breakfast; L= Lunch; S= Supper; BT= Bedtime)

#7 Frequency: The number of doses or treatments per day.

#8 As Needed (or Not Daily): Explain how to determine the need. Also, explain when to initiate or discontinue treatment. For "Not Daily" explain, (ex. Monday only, etc.).

Notes for the Nurse (Additional comments can go here and/or on a separate sheet. **Write Your Full Name on any additional pages.**):