

FLORIDA COLLEGE DRY CREEK CAMP

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

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Thank you for wanting a **2011 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 5-11, 2011**.

There are two purposes of the Camp. The first is to provide young people a recreational, educational and spiritual experience 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. Before you apply, think carefully about whether you have the time for this commitment. This includes the following:
 - a. **Arranging 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. Often, employers are impressed with applicants who are interested in serving others. If it is denied and you still take the job, let us know immediately so you can be replaced.
 - b. **Placing 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, graduations, family reunions, 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. For example: your best friend asks you to be in their wedding, you must be willing to regretfully explain that you can't because you have a prior commitment to whole lot of kids who are depending on 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 your first priority.
 - c. **Attending two Staff planning and training sessions.** 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 Staff meetings a year. The dates are **Saturday, October 23, 2010** and **Saturday, April 9, 2011**. 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. We do at times select some who live too far to attend but even these are encouraged to come if possible.
 - d. **Preparing all assignments before Camp.** 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

John M. Kilgore
Director

Support Staff will report by:
Friday, June 3, 2 p.m.
 Counseling Staff will report by:
Saturday, June 4, 11 a.m.

Florida College Dry Creek Camp
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Email: FCDryCreek@aol.com **Website:** www.FCDryCreek.com

Camp Date
June 5-11, 2011

Staff Application Form

Name: _____ Sex: _____ Age: _____ DOB: _____
First Last

Home Address: _____
City State Zip

Phones: Home _____ Cell _____ Work _____ Fax _____
A/C A/C A/C A/C

E-Mail: _____ Local Church: _____

College Address (if any): _____
City State Zip

Marital Status: **S M 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:		
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		Grade Preference? (circle) 4-5 5-6 6-7 7-8 8-9 9-10 10-11 11-12 Any
Chapel Talk		
Plan & Organize Song Worship Service		
Lead Singing		
Sports and Swimming:		
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 check all of interest but only 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			
Drama Teacher			
Drama Assistant			
Fire Tower Visit Leader			Like Heights?
Fishing Teacher			
Fishing Assistant			
Geo Caching/Nature Trail Teacher			Know the Woods?
Geo Caching/Nature Trail Assistant			
Golf Teacher			
Music Teacher			
Music Assistant			
Piano Accompanist			
Newspaper Editor			Keyboarding Speed?
Newspaper Assistant			Keyboarding 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.			
4.			
Cabin Counselor:		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 _____ DOB _____ Age at Camp _____
Last First Middle

Address _____
Street City State Zip

SS# _____ - _____ - _____ (for medical/background purposes) Sex: Male ___ Female ___

Name of an emergency contact who may be contacted:

Name _____ Relationship: _____ Phone: (____) _____

INSURANCE:

Are you covered by family medical/hospital insurance? No ___ Yes ___ **If yes, attach copy of insurance card (front/back).**

Carrier or plan name _____ Group # _____

Subscriber _____ Insurance Company Phone (____) _____

GENERAL HEALTH AND MEDICAL HISTORY:

1. Specify any chronic or long-term illness: _____

2. Specify any operations or serious injuries: _____

3. Had these 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 ___ Attention Deficit ___ Give details: _____

6. Immunizations Up-To-Date? 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 Medication Schedule, page 2.**

BE SURE TO SIGN BELOW:

This health history is correct and complete. Unless otherwise stated and noted in this document, I am able to engage in all Camp activities. I hereby give permission to the Camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I agree to release any records necessary for treatment, referral, billing, or insurance purposes. Further, I understand that this Medical Form will go with me to any medical facility and be available to all attending personnel.

Date _____ Signed _____

Printed Name _____

Your Full Name: _____

Medication Schedule

All medications must be in original container with pharmacy label.

#1 Self-Given? (select one)	#2 Mandatory? (select one)	#3 Name of Medication or Treatment	#4 Name of Condition	#5 Dosage	#6 Times (√ all that apply)	#7 Frequency Per Day (select 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.**):