



210 Lakeview Road
 Shutesbury, MA 01072
 Phone: 413-367-2643
 Fax: 413-367-2140

www.pinebrookcamp.org
office@pinebrookcamp.org

Staff Application 2016 Summer Camp

Pine Brook Camp exists to demonstrate Jesus Christ, Christian living and principles to all whom we encounter. All staff are representatives of Christ in every aspect of their work life, social life and personal life. For that reason, all potential staff must:

1. Subscribe to the camp's Statement of Faith (see back of application)
2. Be willing to allow all aspects of their life to be examined
3. Answer some personal questions regarding their lifestyle and theology
4. Be willing to permit an examination of police and criminal records (CORI) and Sexual Offender Records (SORI) for any information concerning them.
5. Understand that references are required and they will be contacted by phone or letter
6. If accepted, agree to model Jesus Christ in all of their activities
7. If accepted, fill out the camp's health form

The following information is requested solely for the purpose of evaluating the applicant for a position with Pine Brook Camp. If you are not willing and able to voluntarily agree to all the terms of this preamble, proceed no further. By completing this application you have expressly agreed to the terms of this preamble. Use additional sheet of paper, if necessary, to be complete in providing the information requested.

PERSONAL INFORMATION

Full Name _____ Preferred Name _____

Gender: MALE FEMALE Age _____ Birth Date ____/____/____

Home Phone _____ Cell Phone _____

E-mail _____

Permanent Home Address _____

City _____ State _____ Zip _____

Temporary College Address _____

City _____ State _____ Zip _____

Marital Status: Single Married Divorced Widowed

Church Affiliation _____ Pastor _____

EDUCATION AND WORK BACKGROUND

High School _____ Circle year completed: *Fr. Soph. Jr. Sr. Graduated*

College _____ Circle year completed: *Fr. Soph. Jr. Sr. Graduated*

Please list most recent employment first:

	<u>Position</u>	<u>Name of Organization</u>	<u>Supervisor</u>	<u>Phone #</u>	<u>Dates</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

MINISTRY OPPORTUNITIES

- Full Summer Commitment – C.L.I.M.E. (Ages 16+)**
** An additional application is required*

Arrival Day: June 24
Training/Off Camp Ministry: June 25-July 3
Day Camp: July 4-22
Youth Camp: July 24-August 13
Departure Day: August 13



- Part-Time Commitment**

Please indicate the weeks you are available:

- Junior Week 1 July 24-30
 Teen Week 1 July 31-August 6
 Teen Week 2 August 7-13

POSITIONS

I am interested in the following positions at Pine Brook Camp (please indicate first, second and third choices):

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Kitchen (food preparation) | <input type="checkbox"/> Camp Store |
| <input type="checkbox"/> *Junior Staff Training (age 13-15) | <input type="checkbox"/> Maintenance/Cleaning | <input type="checkbox"/> Nursing |

***NOTE:** *There is a \$50 Charge for the Junior Staff Training Program due on July 27th*

PERSONAL TALENTS AND ABILITIES AND CERTIFICATIONS

Please list any talents, abilities, and certifications which could benefit our program:

REFERENCES

Your application is not complete without three personal references from adults. One should be from your pastor or youth leader, the second from a current teacher, employer, or coach, and the third from an adult of your choice (**do not use relatives as references**).

<u>Pastor or Youth Leader</u>	<u>Employer, Teacher or Coach</u>	<u>Adult of your choice</u>
Name _____	Name _____	Name _____
Address _____ _____	Address _____ _____	Address _____ _____
Phone (____) _____	Phone (____) _____	Phone (____) _____
Email _____	Email _____	Email _____

Please include email if possible...that is the most efficient way sending out reference forms.

QUESTIONS

Please answer the following questions on a **separate** sheet of paper.

1. Do you attend church on a regular basis? If no, why not? If yes, where and why do you attend?
2. Explain how you came to know the Lord as your personal Savior.
3. Describe your current relationship with God and the effects it has on your daily life.
4. Describe the importance of authority and describe how you respond to those in authority over you.
5. List your personal strengths and weaknesses.
6. What is your experience working with children ages 7-17?
7. Why do you desire to serve at Pine Brook Camp this summer?
8. What would Pine Brook Camp gain by having you on staff?
9. Summarize your past camping experience.
10. How would you explain the Gospel message to a non-believer? Please include Scripture references you would use.
11. Have you ever been formally or informally accused of improper conduct regarding children?
12. Fully describe any and all current pending charges and past arrests.
 - a. Convictions of any felonies or other crimes.
 - b. Convictions of any sexual misconduct or child abuse.

STATEMENT OF FAITH

1. We believe in the Scriptures of the Old and New Testaments as verbally inspired by God and inerrant in the original writing, and that they are of supreme and final authority in faith and life. (2 Timothy 3:16)
2. We believe in one God, eternally existing in three Persons: Father, Son, and Holy Spirit. (Matthew 28:19)
3. We believe that Jesus Christ was begotten by the Holy Spirit, born of the Virgin Mary, and is true God and true man. (Matt. 1:23; John 1:14)
4. We believe that man was created in the image of God; that man sinned, and thereby incurred, not only physical death, but also spiritual death, which is separation from God; that, as a result of this sin first committed by Adam, all human beings are born with a sinful nature, and, in the case of those who reach moral responsibility, are accountable as sinners in thought, word, and deed. (Gen. 1:26,27; Rom. 3:23)
5. We believe that the Lord Jesus Christ died for our sins, according to the Scriptures, as a representative and substitutionary sacrifice; and that all who believe in Him are justified on the grounds of His shed blood. (1 John 2:2)
6. We believe in the resurrection of the crucified body of our Lord, in His ascension into Heaven, and in His present life there for us, as High Priest and Advocate. (Luke 24:39; Acts 1:10,11)
7. We believe in "that blessed hope," the personal and imminent return of our Lord and Savior Jesus Christ. (Acts 1:11, 1 Thes. 4:16-17)
8. We believe that all who receive by faith the Lord Jesus Christ are born again of the Holy Spirit, and only thereby become children of God. We further believe that the Christian life is exemplary of the teachings found in the New Testament as the Holy Spirit reproduces the life of Jesus Christ in and through each obedient believer. (1 John 2:15-16)
9. We believe in the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved, and the everlasting punishment of the lost. (Luke 23:42; 2Thes. 1:1-9)
10. We believe in the reality and personality of our enemy, Satan (Rev. 12:9)
11. We believe in the evangelization of the world. (Matt. 28:19-20)

Please read carefully. Your signature indicates your agreement.

I certify that I voluntarily agree with the Statement of Faith of Pine Brook Camp without reservation or coercion and agree to exemplify and teach the principles contained therein, in word and action, in my duties for Pine Brook Camp, and my private life.

I understand that by accepting a position at Pine Brook Camp I will be committing myself to serving others, and that my behavior and attitude will be examined in terms of my modeling and ministry to others.

I understand that if accepted I will be required to abide by all camp policies, standards and regulations as they are initiated and maintained by camp.

I authorize Pine Brook Camp to contact all prior employers and any references listed herein to verify all information provided and to obtain any and all information related to my character and past work performance. I further hereby release all references and prior employers from any liability for information provided in good faith.

I authorize Pine Brook Camp to use any photographs or video of me for promotional purposes.

I certify that statements provided in this application are true and complete, and that any misrepresentation or omission may be grounds for rejection of my application or for dismissal if I am accepted.

Date

Signature of Applicant



**PBCCA
172G
FE873**

CORI REQUEST FORM

Pine Brook Camp, Camp Anderson Foundation, Inc. has been certified by the Criminal History Systems Board for access to all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History System Board pursuant to Chapter 6, § 172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

_____-_____-_____
SOCIAL SECURITY NUMBER

MOTHER'S MAIDEN NAME

ADDRESS: _____

FORMER ADDRESS: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

Please attach a copy of photographic identification (Driver's License, Student ID, Passport) If you do not have a form of photographic identification then please attach a copy of birth certificate. This is a state requirement.

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE



Please Mail or Fax to:
Pine Brook Camp
 210 Lakeview Road
 Shutesbury, MA 01072
 Phone: (413) 367-2643
 FAX: (413) 367-2140

Health and Medical Form

This form must be completed in order for campers and staff to attend camp

GENERAL INFORMATION

Name _____ **Birth Date** ____/____/____ **Age** _____ Male Female
Address _____ **Phone** _____
City _____ **State** _____ **Zip** _____ **Grade completed (youth only)** _____
Social Security Number _____ (optional; may be required by medical facilities for treatment)
Mother (or Guardian) _____ **Work No.** _____ **Cell No.** _____
Father (or Guardian) _____ **Work No.** _____ **Cell No.** _____

Emergency Contact – If a parent is not available, please notify:

Name _____ **Relation** _____ **Cell No.** _____
Address _____ **Phone No.** _____

Insurance Company _____ **Policy Number** _____
Family Physician _____ **Phone No.** _____
Dentist/orthodontist _____ **Phone No.** _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Y	N	Condition	Explain	Y	N	Condition	Explain
		Asthma				Sickle cell disease	
		Diabetes				Fainting spells	
		Hypertension (high blood pressure)				Seizures	
		Heart disease (CHF, CAD, MI)				Sleep disorders (sleep apnea)	
		Stroke/TIA				GI problems (abdominal, digestive)	
		COPD				Surgery	
		Ear/sinus problems				Serious Injury	
		Psychiatric/psychological disorders				Chicken Pox	
		Emotional difficulties				Measles	
		Learning disorders (ADHD, ADD)				Mumps	
		Bleeding disorders				Allergies	
		Thyroid disease				Other	
		Kidney disease				Other	

MEDICATIONS – PLEASE LIST MEDICATIONS (MUST FILL OUT MEDICATION RECORD FORM)

DOES THIS CHILD HAVE ANY SPECIAL NEEDS TO BE CONSIDERED WHILE PROCESSING THIS REGISTRATION? (PLEASE SPECIFY ANY FOOD ALLERGIES)

COMMENT IF YES: _____

PARENT SIGNATURE REQUIRED

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission for the camp nurse to administer medications and treatment for my child as named above, including non-prescription medications for mild illness as well as the prescriptions brought with the child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, and to order injections, anesthesia or surgery for my child as named above.

 Signature of parent or guardian or adult camper or staff

 Date

IMMUNIZATION HISTORY

Written documentation of immunization or alternative proof of immunity is required for all campers and staff members. Please fill in the chart below or attach a copy of all immunizations.

vaccine	Date/type	Vaccine	Date/type	Vaccine	Date/type	Vaccine	Date/type
Hepatitis B (HepB, HepB-Hib, DTaP-HepB-IPV)	1	Haemophilus influenzae type b (Hib, HepB-Hib, DTaP-Hib)	1	Polio (IPV, DTaP-HepB-IPV)	1	Pneumococcal Polysaccharide	1
	2		2		2		2
	3		3		3	Influenza Inactivated (Intramuscular) or	1
Diphtheria, Tetanus, Pertussis (DTaP, DT, DTaP-Hib, Dtap-HepB-IPV,Td)	1	Measles, Mumps	4		Pneumococcal Conjugate (PCV7)		4
	2		1	1		3	
	3	2	2	2			
	4	Varicella (var)	1	3			
	5		2	4			
	6	Hepatitis A (HepA)	1				
7	2						

*****Medical Examination to be completed by a license physician*****

MEDICAL EXAMINATION

This examination should be performed within 24 months of arrival at camp. Examination for some other purpose within this period is acceptable. (If camper or staff has had an exam within 24 months of camp, attach a copy of that exam to this form, or bring it with you to camp on registration day). Examination is for determining fitness to engage in strenuous activities.

Blood Pressure: _____ Pulse: _____

	Normal	Abnormal	Explain any abnormalities	Range of Mobility	Normal	Abnormal	Explain any abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical Equipment (i.e., CPAP, oxygen)			

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP:

Special Diet/Food Allergies _____

Restrictions _____

Other _____

I have examined the person herein described and have reviewed his health history. It is my opinion that he/she is physically able to participate in camp activities, except as noted above.

Licensed Physician's Signature

Date

Address _____

Phone _____