

CAMP HOPE STAFF APPLICATION PACKET



PLEASE MAIL ALL FORMS TO:

**Camp Hope Director
11445 W 78th Drive
Arvada, CO 80005**

Dear Prospective Staff:

This will be another exciting year at Camp Hope! Please plan to come on a Mission Trip to Camp Hope - the campers need YOU!

Attached is your application to apply for a Camp Hope volunteer missionary position. Please read and complete all areas. Consider the staff responsibilities before signing the application. Specific assignments will be made according to the needs of Camp Hope after all information has been processed. If you have questions, please call me at 303-420-4084.

In order to comply with the law, our liability insurance, and legal advice, we require everyone to complete the application process every year with three references. I realize this will take some time, but Camp Hope is committed to providing the best care possible to every Camp Hope participant, including you.

Here is what is needed:

- Check your schedule to make sure you will be able to commit to the entire week(s).
- Complete the entire application and mail it to the address on the form **IMMEDIATELY**. We will have a large waiting list of campers waiting list to attend camp. The earlier we receive your application the more campers we will be able to serve.
- Fill in your name, address, and phone number on all three reference forms.
- Have your pastor (or Youth/Group Leader) fill out a reference form and mail it to me.
Please ask them to give the form their prompt attention and to mail it to me ASAP.
- Have two non-related adult friends each complete their form and mail it directly to me.
Again, please ask them to give these forms their prompt attention and to mail it ASAP.
- Complete the medical form. It must be signed by a licensed physician (only if you are under the age of 18) stating that you are in good physical health. A physical must have been completed sometime within the past year. This must be completed prior to camp.

I will contact you after your application is reviewed. Serving the Camp Hope campers can be a rewarding and even a life-changing experience. I appreciate your willingness to serve in this manner. I look forward to you joining our team.

In service to Christ,

Rhonda
Camp Hope Director
camphope@buckhorncamp.org

CAMP HOPE 1: JUNE 15-19, 2020

CAMP HOPE 2: JUNE 22-26, 2020

Dates include staff orientation day, which is held on the Sunday of each session. Camp Hope campers arrive on Monday, June 15 and June 22, respectively.

Buckhorn Camp • 381 Old Camp Road • Bellvue, CO 80512



CAMP HOPE STAFF APPLICATION 2020

_____ CAMP HOPE 1: JUNE 15-19, 2020

_____ CAMP HOPE 2: JUNE 22-26, 2020

Name: _____ Age: _____ Date of Birth: _____

Street: _____ City: _____ State: _____ Zip: _____

Male Female T-Shirt Size (specify Youth or Adult): _____

Phone: _____ Email: _____

Emergency Phone: _____ Contact Name: _____

Social Security #: _____ *Mandatory for background checks*

Church you attend: _____ City: _____

Church ministries you're involved in: _____

Current Occupation (former, if retired): _____

Last grade level completed: _____

PAST WORK HISTORY

Provide a record of all employment - paid and volunteer - for the last five years. Please explain any gaps in employment and include any positions on a camp staff. Use separate sheet if there are more than 3 previous jobs.

JOB 1

Dates: _____

Employer/Supervisor: _____

Address: _____

Phone: _____

Nature of Work: _____

Reason for Leaving: _____

JOB 2

Dates: _____

Employer/Supervisor: _____

Address: _____

Phone: _____

Nature of Work: _____

Reason for Leaving: _____

JOB 3

Dates: _____

Employer/Supervisor: _____

Address: _____

Phone: _____

Nature of Work: _____

Reason for Leaving: _____

Can you sleep in a top bunk? _____ Can you climb stairs? _____



CAMP HOPE STAFF APPLICATION 2020

Personal Experience

Circle your experience. 0 = no experience, 4 = very experienced Circle YES or NO

With physically disabled	0	1	2	3	4	Previous camper at any camp	YES	NO
Wheelchair manipulation	0	1	2	3	4	Previous counselor at any camp	YES	NO
Transferring people	0	1	2	3	4	Previous Camp Hope counselor	YES	NO
With hearing impaired	0	1	2	3	4	I am certified/licensed CAN or EMT	YES	NO
Sign Language	0	1	2	3	4	I am certified/licensed LPN or RN	YES	NO
With visually impaired	0	1	2	3	4	Trained in CPR	YES	NO
With mental disability	0	1	2	3	4	Trained in First Aid	YES	NO
With low functioning	0	1	2	3	4	Lifeguard certified	YES	NO
With high functioning	0	1	2	3	4	Strong commitment to Christ	YES	NO

Please explain any experience working with adults or youth with disabilities:

Please describe any other skills or talents that would be of use at camp (song leading, etc.)

Have you ever been convicted of any felony? YES NO

Have you ever been convicted or charged with the commission of an act of child abuse or unlawful sexual offense? YES NO

ALL STAFF MUST BE AT BUCKHORN CAMP BY SUNDAY OF THEIR SESSION NO LATER THAN 2:00 PM.

Expect references from the following:

Pastor's Name: _____ Address: _____

Reference #1: _____ Address: _____

Reference #2: _____ Address: _____



CAMP HOPE STAFF APPLICATION 2020

AS A STAFF MEMBER, I AGREE TO THE FOLLOWING (initial each statement):

- _____ To be a constructive member of the Staff, contributing in every way to the unity and purpose of Camp Hope.
- _____ To be present at Staff Orientation and attend all training sessions and staff meetings.
- _____ To abide by the policies & regulations of Camp Hope & Buckhorn Camp as stated in the Staff Manual.
- _____ To be a Christ-like example in all of my actions.
- _____ To show respect for all staff members and guests.
- _____ To understand that the Director has the right to dismiss any staff member in the best interest of Camp Hope.
- _____ To respect the fact that tobacco, alcohol, or drugs are NOT ALLOWED (other than those administered by the Medical Staff)

I realize I am responsible for my own actions during the designated time period(s) of Camp Hope, and that my legal protection under the Volunteer Protection Act covers my actions only when I am following the written policies and procedures of Camp Hope and Buckhorn United Methodist Camp. I will not operate outside my defined role as stated in this application and the Camp Hope Staff Manual. I also understand that all staff, including all guests, and myself, have limited insurance coverage against injury or illness only. Therefore, if my MISCONDUCT results in a lawsuit, I understand I will represent myself. I shall indemnify Camp Hope, Buckhorn United Methodist Camp and the Rock Mountain Conference of the United Methodist Church, and their respective staffs, and hold them harmless from and against liability or responsibility for my negligence or misconduct. I will notify Camp Hope as soon as possible in the event I am not able to attend the week(s) I have applied for. I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with the same. Permission is given to Camp Hope and Buckhorn United Methodist Camp to use photographs (individual or group) and/or multi-media images and recordings in the best interest of Camp Hope or Buckhorn United Methodist Camp.

The information contained in this application is correct, to the best of my knowledge.
I have read and initialed the above statements and agree to cooperate with Camp Hope, Buckhorn United Methodist Camp, and their respective staffs.

Signature of applicant: _____ Date: _____

2018 CHILD ABUSE/NEGLECT STATEMENT
<p>I affirmatively state that I (print name) _____ have never been convicted of any charge of child abuse or neglect, unlawful sexual offense, or any felony.</p> <p>Signature of applicant: _____ Date: _____</p>

**STAFF ASSIGNMENTS WILL BE MADE ACCORDING TO REGISTRATION NEEDS
AND UPON RECEIPT OF THIS APPLICATION AND SATISFACTORY REFERENCE FORMS**

Please complete this form and return it as soon as possible to:

**Camp Hope Director
11445 W 78th Drive • Arvada, CO 80005**



CAMP HOPE STAFF APPLICATION 2020

STAFF MEDICAL FORM (ALL SPACES MUST BE FILLED IN)

Name: _____ Male Female
Last First Middle

Street: _____ City: _____ State: _____ Zip: _____

Emergency Phone: _____ Contact Name: _____

Relation to you: _____

Physician Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Operations or serious injuries: _____

Chronic or recurring illnesses/medical conditions: _____

Current medications: _____

Any allergies (food, drugs, plants, insects, etc.): _____

Prescribed meal plan or dietary restrictions: _____

Do you carry Family Medical/Hospital Insurance? YES NO

Company: _____ Policy/Group Number: _____

If you are over 18, this form does not need to be signed by a Physician.

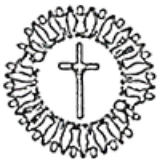
If you are under 18, a Physician's signature is required below.

In my opinion, the above condition(s) do(es) not preclude his/her participation in an active camp program.
 I have examined the camp applicant within the last year. DATE EXAMINED: _____

Licensed Physician's Signature: _____

Address: _____

Date of Form Completion: _____ Phone: _____



CAMP HOPE STAFF APPLICATION 2020

BUCKHORN UNITED METHODIST CAMP/CAMP HOPE RELEASES

NOTE: No staff will be allowed to participate without both sections of this form being signed.

RELEASE FROM LIABILITY:

I give permission for _____ to participate in horseback riding, boating, and challenge course activities while at Buckhorn United Methodist Camp. I understand these are activities that involve a degree of risk and that only qualified leadership will be used. I understand that by signing this waiver I am releasing Buckhorn United Methodist Camp/Camp Hope Staff from all liabilities in the event of an injury or accident.

I also give my permission for any necessary medical/surgical treatment that may be necessary in the unlikely event that an accident should occur.

Signature of Applicant OR
Parent or Legal Guardian (if applicant under 18)

Date

This health history packet 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 to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my 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, for the person named. The completed forms may be photocopied for trips out of camp. I understand and agree to abide with the restriction(s) placed on my camp activities.

Signature

Date



CAMP HOPE STAFF APPLICATION

PASTOR REFERENCE FORM

Applicant's Name _____

Address/City/State/Zip _____

Phone _____

The above individual is applying for a position at Camp Hope. This will be a special ministry experience working with adults who have both physical and developmental disabilities.

As their pastor we appreciate your opinion of this individual to utilize them in the proper capacity. He/she will be working in direct contract with adults who have disabilities.

Below, please rate the applicant on each attribute listed. Note any comments in the space provided.

	Lowest	CIRCLE ONE					Highest	COMMENTS
Physical Condition	1	2	3	4	5			
Physical Appearance	1	2	3	4	5			
Emotional Stability	1	2	3	4	5			
Moral Standards	1	2	3	4	5			
Interpersonal Skills	1	2	3	4	5			
Spiritual Maturity	1	2	3	4	5			
Positive Attitude	1	2	3	4	5			
Christian Lifestyle	1	2	3	4	5			
Gifts/Talents	1	2	3	4	5			

My general opinion and additional comments I have about this individual:

I have known this person for _____ years and I would or would not recommend this person for your staff.

Would you leave your child (disabled or not) in this person's care for one week? YES NO

Why or why not? _____

Please fill out the following information:

Name: _____

Signature: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Date: _____

Please contact me concerning this applicant.

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Arvada, CO 80005
camphope@buckhorncamp.org



CAMP HOPE STAFF APPLICATION

NON-RELATED REFERENCE FORM

Applicant's Name _____

Address/City/State/Zip _____

Phone _____

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As their friend we appreciate your opinion of this individual to utilize them in the proper capacity. He/she will be working in direct contract with adults who have disabilities.

Below, please rate the applicant on each attribute listed. Note any comments in the space provided.

	Lowest	CIRCLE ONE	Highest	COMMENTS		
Physical Condition	1	2	3	4	5	
Physical Appearance	1	2	3	4	5	
Emotional Stability	1	2	3	4	5	
Moral Standards	1	2	3	4	5	
Interpersonal Skills	1	2	3	4	5	
Spiritual Maturity	1	2	3	4	5	
Positive Attitude	1	2	3	4	5	
Christian Lifestyle	1	2	3	4	5	
Gifts/Talents	1	2	3	4	5	

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Would you leave your child (disabled or not) in this person's care for one week? YES NO
 Why or why not? _____

Please fill out the following information:

Name: _____

Signature: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Date: _____

Please contact me concerning this applicant.

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Positive Attitude	1	2	3	4	5	
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Why or why not? _____

Please fill out the following information:

Name: _____

Signature: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Date: _____

Please contact me concerning this applicant.

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