



Mail to: **Daybreak Camp**
 6676 Rose Acres Ln
 Felton CA 95018-9447

Volunteer Staff Application 2011

PERSONAL INFORMATION and Voluntary Disclosure Statement

Last Name	First	Middle #	M or F
Address			
City		State	Zip
Home Phone ()			Birth Date
Business Phone ()	Cell Phone ()		
E-Mail		Home Church	
Driver's License #	State	Expires	
Are you a Christian?	YES	NO	
Do you have a current CPR certification?	1st Aid?	Life Guard certification?	

▶1. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?
 If yes, please explain, use a separate sheet.

▶2. Have you ever been convicted of any crime including, but not limited to, indecent assault and battery on a child under fourteen, a mentally retarded person, a person who has obtained the age of 14, rape, rape of a child under 16 with force, intent to commit rape, kidnapping of a child under 16 with intent to commit rape, distribution/trafficking of narcotics or other controlled substances, or intent to commit any of the above crimes?
 If yes, please explain, use a separate sheet.

▶3. Have you ever been subject to any court order involving sexual/physical abuse of a minor?
 If yes, please explain, use a separate sheet.

▶4. Have your parental rights ever been terminated for reasons involving sexual/physical abuse of children?
 If yes, please explain, use a separate sheet.

I understand that:
 -The camp may deny volunteer service to any person who answers "YES" to any one of the above questions #1-4. If accepted to serve and Daybreak later discovers circumstances that would indicate a "YES" to any of the above questions #1-4, volunteer services will be terminated immediately.
 -The information provided on this form is subject to verification, which will include a criminal history check and/or request from any Central Registry of child abusers.
 -The camp may terminate volunteer service of any person if that person is found, regardless of when discovered to:
 -have a history of complaints of abuse of a minor
 -have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 -have falsified or omitted information in this disclosure statement.
 -This disclosure statement must be updated yearly.

Signature _____ Date _____
 Signature of Minor's Parent _____ Date _____

OFFICE USE ONLY	
Date Rec'd	Check #
	Amount:
DOJ Clearance YES NO	Processed CC (date) Auth. Code
DOJ Initial	PAID IN FULL

I AM INTERESTED IN SERVING AT...

FDC-FAITH DEVELOPMENT CAMP
Completed GR 9-12—July 10-16, 2011

WILDSIDE
Completed GR 6-8—July 17-23, 2011

ADVENTURE CAMP
Completed GR 2-5—July 31 -August 5, 2011

I AM VOLUNTEERING AS:

ADULT VOLUNTEER 18 YEARS AND OLDER
 JUNIOR STAFF HIGH SCHOOL GRADES 9-12
 OTS JR HI GRADES 6-8

AREAS OF WORK: (Please circle service areas)

Adult Cabin Leader	Cook / Food Prep	Campfire
Life Guard	PM Snack Delivery	Clean Up
Nurse	Dishwashing	Bible Teacher
OTS Leader	Photo/Video	Teacher Asst.
PA / Soundbooth	Activities	Crafts
Pre Camper Care	Restroom Cleaning	Sports
Scrapbook Editor	Security	Snack Shack

Housing Preference

Stay in cabins with campers
 Bring my own RV
 Need staff housing (Limited)
 Use own tent
 Will drive back/forth

PRECAMPERS I MUST BRING TO CAMP SO I CAN SERVE ARE . . .

Precamper's Name	M or F	Age
Precamper's Name	M or F	Age

Your staff fee is \$85.00 per camp week, payable with a check or credit card. This fee covers, t-shirt, and Facilities Fee. Meals for Registered Volunteers are at no charge. Group pictures are for the campers only. Please circle the size of the adult T-shirt you need:
 S M L XL XXL 3X
 Please include the volunteer staff fee with your submitted form.

Please consider donating to Our Campership fund and help a child who wouldn't otherwise be able to come to camp.

\$5 \$10 \$25 Other _____

STAFF COSTS—PLEASE INCLUDE A CHECK OR CREDIT CARD FOR PAYMENT

AMEX		Discover		Master Card		VISA	
Card #	-					Expiration Date	
Name as it appears on card				Signature			

PHOTOGRAPHY: Daybreak Camp routinely uses photos and video taken from events for print, web, and video applications. Your volunteer staff application constitutes permission given to Daybreak Camp for such purposes.

FDC STAFF WILL ARRIVE FOR STAFF TRAINING ON 7/10—WILDSIDE STAFF ON 7/17 & ADVENTURE CAMP STAFF ON 8/1

Is this your first time to serve at camp?
YES NO

If Yes, complete the references below.

REFERENCES-FIRST TIME SERVING ONLY

(1) Name		
Address		
City	ST	ZIP
Phone ()		
(2) Name		
Address		
City	ST	ZIP
Phone ()		

PARENT OR GUARDIAN PERMISSION IF STAFF APPLICANT IS UNDER 18 YRS

I, the undersigned parent/guardian, consent to
 (Child's Name)
 participating in the Daybreak Camp of: (dates)

I authorize in advance any adult camp staff member to consent to any medical or surgical diagnosis, treatment, and/or hospitalization which is deemed necessary during the duration of camp and agree to be financially responsible for all said treatment. I also agree that Daybreak Camp is not responsible for campers traveling to or from camp, or after the camp's conclusion. I understand that I will be required to pick up my child if he/she does not abide by the camp rules. I hereby release the staff and any supporting group from any financial liability for this applicant.

Parent/Guardian Signature	Date
Staff Applicant Signature:	Date

COMPLETING THE STAFF APPLICATION DOES NOT SECURE A PLACE FOR YOUR CAMPER CHILDREN. ALL STAFF MUST REGISTER THEIR OWN CHILDREN!

STAFF MEDICAL INFORMATION

Every staff volunteer entering camp shall furnish a health history of your health status that is complete and signed. Please include a copy of the front and back of your current insurance card with this volunteer staff application

Name	M or F
Birth Date	
Allergies: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Poison Oak <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Bee Stings <input type="checkbox"/> Do you have an epi pen? YES/NO <input type="checkbox"/> Food/Kind _____ <input type="checkbox"/> Dairy	
List your symptoms to the allergy.	
List any special dietary needs:	
Do you have asthma? YES NO What medication or treatment are you taking for asthma?	
Describe any current health conditions that require medication (please list), treatment, or special restrictions while at camp. Write "None" if you don't have any.	
Condition	Medication Dosage
1.	
2.	
3.	
4.	
Storing staff medicines within the cabin setting is dangerous. Be prepared to store your medicine with the nurse. You will receive specific directions at staff training.	
Date of last tetanus shot is _____ Date of last flu shot is _____ Date of last medical exam is _____	
Your Physician's name/address/phone	
Are there any over the counter medications you CANNOT take? (<i>aspirin, Tylenol, Benadryl, Advil, etc.</i>)	
Describe any past medical treatments (chronic conditions or diseases) relevant to participating in camp. Write "None" if you don't have any.	
In case of an EMERGENCY , please contact:	
Name	Phone How Related?
1.	
2.	
Health Insurance Company _____	
Policy # _____	
Group # if applicable _____	
Insurance phone number is _____	
Signature :	Date:
For staff 18 years and over—I decline to provide this requested health information.	
Signature:	Date