



Camp Staff Application Illinois Baptist State Association

Camp Staff For Which You Are Applying: (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Girls Camps | <input type="checkbox"/> Illinois Missions University | <input type="checkbox"/> Children's Missions |
| <input type="checkbox"/> RA/Challengers Camp, Sallateeska | <input type="checkbox"/> RA/Challengers Camp, Streator | <input type="checkbox"/> Day Camp |
| <input type="checkbox"/> Lad & Dad Weekend, Sallateeska | <input type="checkbox"/> Lad & Dad Weekend, Streator | <input type="checkbox"/> All-State Tour |
| <input type="checkbox"/> Children's Music Camp | <input type="checkbox"/> Youth Music Camp | <input type="checkbox"/> E-Team |
| <input type="checkbox"/> Super Summer-Greenville | <input type="checkbox"/> Super Summer-Judson | |

Contact Information

Name _____ Male Female Phone Number _____

Email address 1 _____ Email address 2 _____

Permanent Address _____

(Street) (City) (State) (Zip)

Present Address _____

(Street) (City) (State) (Zip)

Emergency Contact _____

(Name) (Relationship) (Phone Number)

Medical/Depiction Release

Physical limitations (Asthma, Diabetes, etc.) _____

Special Instructions in addition to above which might be helpful to a physician (allergies to medicine, rare blood type, contact lens wearer, etc.) _____

Date of your last Tetanus Shot: _____

To be completed by participants: I, _____ have listed physical defects or medical problems that may need attention (see attached sheet). In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the Illinois Baptist State Association, its representatives, the school sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself which may, in their sole discretion, be necessary and proper under such circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Camp Staff personnel, the Illinois Baptist State Association, its representatives, the school sponsors, or the College/University or campground upon whose campus this camp is being conducted from any and all actions, damages, and/or liabilities arising from treatment of any sickness or accident incurred by myself during the camp.

I also give authority and permission to the Camp Security Officers to inspect my room and belongings that are on campus for the safety and protection of all participants, if unusual circumstances make such an inspection necessary.

Video, Motion Picture, and Private Distribution Release

I hereby irrevocably agree and consent that the Illinois Baptist State Association and its assigns may use all or part or a videotaped interview, photo, or video footage of me for the project of **IBSA Camps – DVD, CD, and /or Internet Download.**

You have the right to use my picture, silhouette, and other reproductions of my likeness and voice in connection with any motion picture, video, and/or television program in which this interview may be incorporated, and in any advertising material promoting it. You may edit my appearance as you see fit. You shall have all right, title, and interest in any and all results and proceeds from said use or appearance.

The rights granted you are personal, worldwide, and include the use of this interview in any medium (all or part of the program may be shown) including broadcast, cable, and satellite television, and videocassettes/DVD/CD's. You are not obliged to make any use of this interview or exercise any of the rights granted you by this release. I have read and understand the meaning of this release.

I am willing to abide by all camp rules. I commit myself to serve as a dedicated camp staffer.

Signature _____ Date _____

Insurance Company and Phone # _____

Policy Number _____

Marital Status

single married divorced separated widowed remarried

Church Information

Member of _____ Church in _____

Pastor's name and address _____

Leadership roles that you currently hold in your church: _____

In which of the following are you active: Sunday School Discipleship Missions Music Others (Specify)

Leadership roles that you currently hold in your community: _____

Educational Information

List your educational background beginning with college: _____

I have received college credit or certification in: Nursing CPR First Aid (Red Cross) Lifeguarding
(Attach a copy of the certification.)

Are you a student? If yes, where? _____

Work Information

Are you currently employed? If so, where? _____

Current supervisor's name and contact information: _____

Spiritual Questions

1. Are you a Christian? (Write out your testimony.) _____

2. Are you involved in witnessing to non-believers? Relate a recent experience of sharing your faith with someone who is not a Christian. _____

3. What are your spiritual gifts? Explain how you will use them at camp. _____

4. What do you believe about God, salvation, and the Bible? (Write a statement about each on a separate sheet of paper.)

Privacy Statement: The following information is confidential information and is protected by Illinois Baptist State Association's privacy policy.

Social Security Number _____ Driver's License Number _____

Birthdate _____ Age _____

Medical Condition

Describe your physical condition _____ Excellent _____ Good _____ Fair _____

Do you have any physical problems that could hinder your performance at camp? (i.e. stomach problems, nerves, headaches, etc.) _____

Name any illness and type of medication required to be taken at camp: _____

Are you currently receiving any type of psychiatric care? _____ If yes, explain: _____

Lifestyle Questions

(If you answer "yes" to any of the questions listed below, please explain your answer on a separate sheet of paper)

- 1. Do you have a prison or police record? _____ yes _____ no
- 2. Have you ever used any type of illegal drug? _____ yes _____ no
- 3. Have you been, or are you now involved in homosexual activity? _____ yes _____ no
- 4. Do you currently use, or have you used alcohol or tobacco products in the last 12 months? _____ yes _____ no
- 5. Have you ever been a victim of sexual abuse? _____ yes _____ no

(You may refuse to answer a question and instead discuss your answer with the director of the program for which you have applied.)

References (non-relatives and non-IBSA employees): Include one church leader and your pastor.

Please include COMPLETE information for all four references.
Application WILL NOT be processed until all the information is complete.

Reference 1

Name _____ Address _____

City _____ State _____ Zip _____ Relationship _____

Email _____

Reference 2

Name _____ Address _____

City _____ State _____ Zip _____ Relationship _____

Email _____

Reference 3

Name _____ Address _____

City _____ State _____ Zip _____ Relationship _____

Email _____

Reference 4

Name _____ Address _____

City _____ State _____ Zip _____ Relationship _____

Email _____

RELEASE

The above information contained herein is correct to the best of my knowledge. I authorize any and all individuals, churches, charities, employers, and references you may contact to give any information (including opinions) that they may have regarding my character and fitness for ministry. I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Signature _____ Date _____

Witness _____ Date _____

Volunteer Screening and Privacy Policy

Illinois Baptist State Association (“IBSA”) is committed to protecting the children and youth attending IBSA sponsored events. It is IBSA policy to promote an environment in which members of vulnerable populations will receive ministry in safety and without fear in an atmosphere of mutual trust and respect. Therefore, volunteers assisting at IBSA events will be required to submit to the screening process as outlined below, prior to beginning their volunteer activities.

Scope:

This policy applies to volunteers who, in the course of performing their ministry of service, have unsupervised access to vulnerable populations, including minor children under 18 years old. A volunteer includes any person who volunteers time or services for an IBSA sponsored event, without any present or future promise or expectation of payment of any kind. This is not an employment relationship and the volunteer is under no obligation to provide time, duties or resources other than what he or she chooses to freely provide.

Policy:

All volunteers must fill out the Camp Staff Application and any other relevant applications, as may be revised from time to time by IBSA. As part of the application(s), each volunteer must sign a release to submit to background and reference checks. Background and reference checks must be completed successfully prior to allowing the volunteer to work unsupervised with minor children. Pending results of the background and reference checks, IBSA may, in its sole discretion, allow a volunteer to be utilized in less sensitive programs not involving unsupervised access to minors.

Privacy:

All personal information, background screening reports and reference checks submitted or obtained as part of the application process will maintained by IBSA in a confidential manner for three years and then will be destroyed.

Discretion:

With the exception of the privacy policy, IBSA maintains its sole discretion to alter this policy at any time, to determine who is considered a volunteer, and to consider what volunteer duties and positions require the completion of the screening outlined in this policy. Notwithstanding anything contained in this policy, IBSA retains the right to decline to utilize any volunteer for any reason at any time.

Please Mail To:
Illinois Baptist State
c/o Camp Application
3085 Stevenson Drive
Springfield, IL 62703