



APPLICATION FOR STAFF (CENM AND CAMP SUPER STARS)

YOU MUST BE AT LEAST 19 YEARS OF AGE TO APPLY TO BE A MEMBER OF THE MEDICAL, ADMINISTRATIVE, INSTRUCTIONAL, OR COUNSELOR STAFF.

LEADERS IN TRAINING (L.I.T.S) MUST COMPLETE AN APPLICATION AND MUST BE AT LEAST 17 YEARS OLD. IF YOU ARE 17 YEARS OF AGE YOU MUST HAVE A PARENT OR GUARDIAN SIGN FORMS

Applying For: Counselor _____ LIT _____ Instructor _____
Other: _____

Name _____ Date _____
Last Name First Name

Email Address _____ Date of Birth _____

Home Address _____ City/State _____ Zip _____
Street & Number City/State

Work Address _____ City/State _____ Zip _____
Street & Number City/State

Home Phone _____ Work Phone _____ Cell Phone _____
Area code/Number Area code/Number Area code/Number

Preferred time and place to be reached: A.M. _____ P.M. _____ Home _____ Work _____

Preferred mailing: Home _____ Work _____ E-mail Address _____

Adult T-shirt size XXL _____ XL _____ L _____ M _____ S _____

EDUCATION

School _____ Year Graduated _____
Degree/s _____

WORK EXPERIENCE

Agency _____ Position _____ Dates of Employment _____

REFERENCES Must list three (3): An inquiry will be sent out to each **(this is required for all new staff members and LITs)**

Name Mailing Address Zip Occupation Phone (w/area code)

*Please be advised that in compliance with our certification procedures, all applicants will be subject to a **Criminal Background Check**, and perhaps one or both of the following:

- A. Drug Screening
- B. Review of Driving Record

Please check all that apply and attach a photocopy of any certifications checked below:

_____ Current CPR Training _____ Current First Aid Training

_____ Lifeguard Certification _____ Licensed Nurse/EMT

_____ Archery Instructor Certification _____ AED- Automated External Defibrillator

_____ Bilingual (specify language) _____

Note: Camp Enchantment New Mexico/Camp Super Stars greatly appreciates the many and varied offers of volunteer assistance for this outstanding program. Selection of volunteers for the camp will be based on needs in all areas of the camping experience, however, since space and positions are limited. We are indebted to you for your support.

* I hereby certify that all the information given on this application is true. Any false statement may be cause for immediate dismissal.

Signature of Applicant: _____

Signature of Parent/Gaurdian if Under 18: _____

For Office Use Only

Date interviewed _____ Comments _____

Interviewed by _____

References checked _____

Applicant advised _____

Volunteer Employment Contract
Camp Staff Agreement

In case of emergency notify:

Contact Name: _____
Last
First

Address: _____
Street & Number
City/State
Zip

Home Phone: _____ WorkPhone: _____ Cell: _____
Area code/Number
Area code/Number

MEDICAL HISTORY

Have you had any of the following, Yes or No:

Yes: No:

Yes: No:

Frequent headaches	Yes	No	Been dizzy during or after exercise	Yes	No
Head injury	Yes	No	Chest pain during or after exercise	Yes	No
Knocked unconscious or concussion	Yes	No	Passed out during or after exercise	Yes	No
Seizures	Yes	No	Diagnosed with a heart murmur/condition	Yes	No
High blood pressure	Yes	No	Abnormal menstrual or heavy bleeding	Yes	No
Back or joint problems	Yes	No	Recent injury or illness?	Yes	No
Chronic condition apart from cancer diagnosis? List:				Yes	No
Hospitalization in last 3 months? List:				Yes	No

SURGERIES: Please list all surgeries with approximate dates

NUTRITION:

Special diet or food restrictions: _____

ALLERGIES:

Agent	Describe the reaction (rash, trouble breathing)
Food:	
Seasonal/Environmental (Grass, etc):	
Insect stings (Type):	
Medication:	
What do you do in an allergic reaction situation? _____	
What emergency medication do you have for an allergy? _____	

BEHAVIORAL HEALTH HISTORY

Have you had any of the following, Yes or No:

Answering Yes does not necessarily mean you cannot attend Camp. It provides us with the best information to support you and keep Camp a safe environment.

Had a mental health diagnosis (depression, anxiety, panic, eating disorder, suicide ideas, etc) Explain:	Yes	No
Received counseling for any emotional or mental health concerns? Explain:	Yes	No
Seen a mental health provider or been hospitalized for mental health concerns? Please list provider name/contact info:	Yes	No
Attempted suicide or had thoughts of harming self or others? Explain:	Yes	No
Been physically, emotionally or sexually abused? Explain:	Yes	No
Been charged or accused of delinquent or high risk behaviors? Explain:	Yes	No
Been in legal trouble? Explain:	Yes	No
Used drugs or alcohol? Explain:	Yes	No
Additional information:	Yes	No

IMMUNIZATION HISTORY

Have you child been exposed to chicken pox, lice or any other infectious disease in the last 3 weeks? Explain:	Yes	No
Have you ever had chicken pox (Varicella)?	Yes	No
Have you ever been vaccinated for chicken pox?	Yes	No
Have you been vaccinated for Rubella (included in MMR vaccines)?	Yes	No
Have you been vaccinated for Measles (included in MMR vaccines)?	Yes	No

When was the date of your last Tetanus shot? _____

INSURANCE - Enclose a photocopy of your insurance card on page 7.

Name of Insurance Carrier: _____

Policy #: _____ Policy Holder: _____

Group #: _____ Insurance Phone #: _____

PRESCRIPTION MEDICATION

Please list all medication (including over-the-counter or non-prescription) taken routinely. Bring enough medication to last the entire time at camp. **Keep medication in their original packing/bottles that identifies the prescribing provider, the name of the medication, the dosage and the frequency of administration.** Be prepared to turn in all medication to the medical staff when you arrive at camp. **IF YOU HAVE AN EMERGENCY MEDICATION FOR AN ALLERGY, IT MUST BE BROUGHT TO CAMP. YOU MAY NOT BE ABLE TO ATTEND CAMP IF ANY EMERGENCY MEDICATION IS NOT BROUGHT.**

Camp Enchantment Healthcare Personnel cannot accept responsibility for providing medication to you that is not properly labeled.

_____ The Applicant does not take any medication

_____ The Applicant takes the following medication

Name of Medication	Dose	How often?	Notes

Please list any additional medication on the back of this page

OVER THE COUNTER MEDICATION

Please indicate Yes/No where we have your permission for the medical staff to administer the following over-the-counter medication if the Nurse/Doctor deems it necessary. Do not bring these medications as Camp Enchantment will provide them.

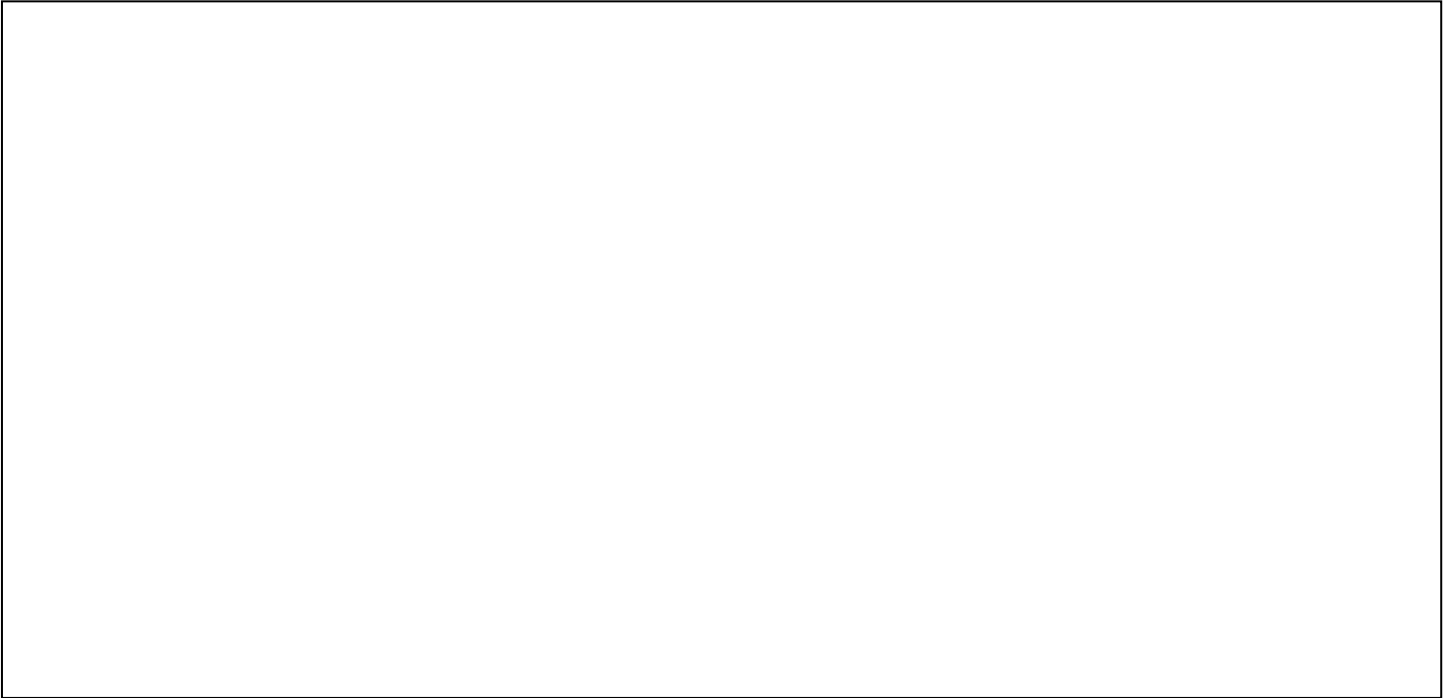
Yes: No:

Sore throat	Chloraseptic spray/lozenges	Yes	No
Mouth sores	Orajel	Yes	No
Congestion	Sudafed, Tylenol cough/cod	Yes	No
Cough	Cough drops, Robitussin	Yes	No
Upset stomach	Pepto bismol, Pepcid, Tums, Maalox	Yes	No
Constipation	Miralax	Yes	No
Diarrhea	Imodium	Yes	No
Menstrual cramps	Ibuprofen or Midol	Yes	No
Pain	Tylenol	Yes	No
Pain	Ibuprofen	Yes	No
Poison Ivy/Oak	Cortaid, hydrocortisone or topical Benadryl	Yes	No

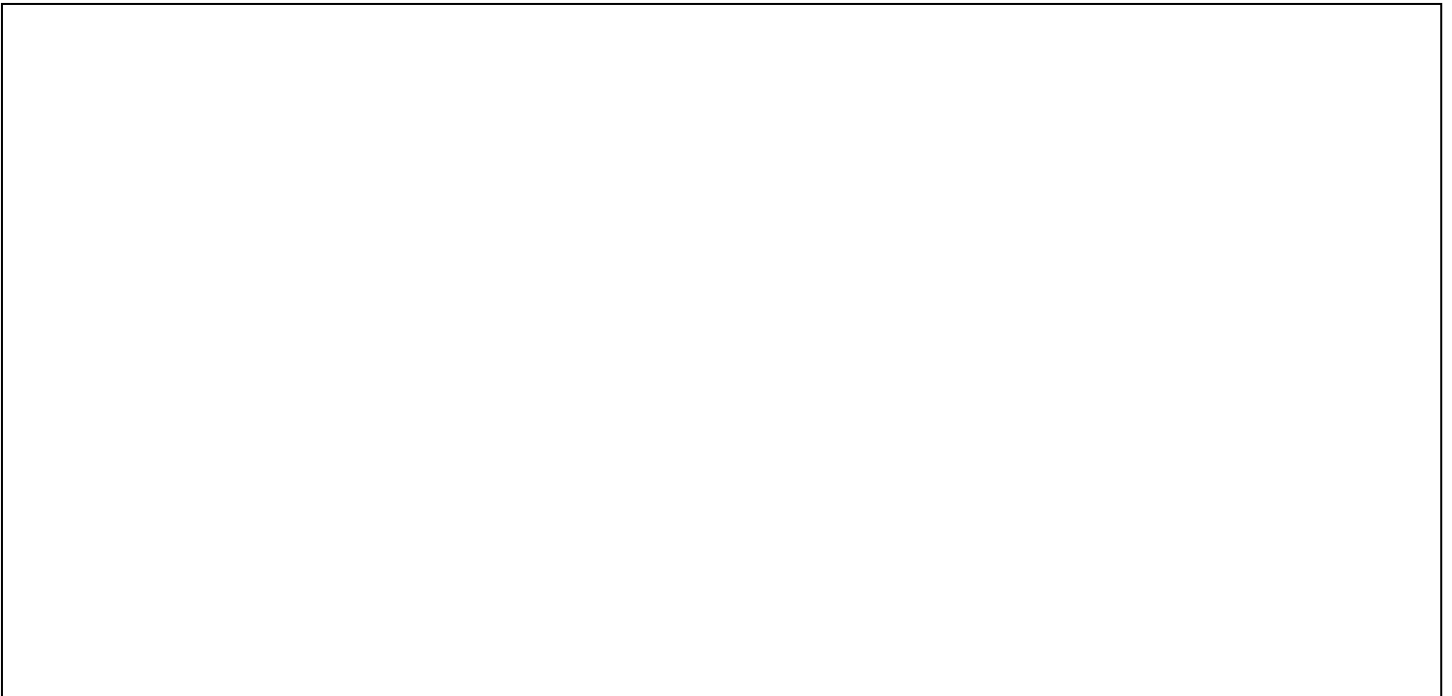
Alternative therapy & herbal supplements are not encouraged and **MUST** be cleared with the Medical Director **prior** to Camp. This includes any THC-containing products. Please consider not sending vitamins or supplements with the camper if it is safe to do so in order to give them a break from some of their medications.

Volunteer Employment Contract
Camp Staff Agreement (cont.)

Please attach copy of *front* of Health Insurance Card here:



Please attach copy of *back* of Health Insurance Card here (or on back of form):



4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain: (Use a separate sheet if necessary.)

I understand that:

a) The camp may deny employment to any person who answers “yes” to any one of the questions 2-6. If hired and the employer later discovers circumstances that would indicate a “yes” answer to any of the above questions, employment may be terminated immediately.

b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.

c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:

- 1) Have a history of complaints of abuse of a minor;**
- 2) 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**
- 3) Have falsified or omitted information in this disclosure statement.**
- 4) This disclosure statement must be updated yearly.**

Signature _____ Date _____

Signature of Minor’s Parent or Guardian _____ Date _____