



Camp Paxson

A MINISTRY OF THE MONTANA CONFERENCE OF SEVENTH-DAY ADVENTISTS

Camp Staff Application

Montana Conference
 Youth Department
 175 Canyon View Road
 Bozeman, MT 59715
 406-587-3101 ext 110

Date of Application _____ Birthdate _____

Name _____

Permanent Address _____
Street & Number City State Zip

Phone _____ Cell Phone _____ E-mail _____
Area & Number Area & Number

School or Business Address _____
Street & Number City State Zip

Phone _____
Area & Number

Are you available between June 14-July 4? Yes _____ No _____ How old will you be? _____

What type of position do you want at camp? _____

T-Shirt Size _____ Hoodie/Sweatshirt Size _____

Past Work History: Provide a full record of all employment – paid and volunteer – and explain any gaps in employment.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

References: Give names and addresses of three persons [not relatives] having knowledge of your character, experience, work habits, and ability.

Name	Address & City	Phone

Camp Work Experience:

Dates	Camp	Director	Position Held

EDUCATION: High School and Beyond

Years	School	Major Subjects	Degree Granted

Why do you want to work at camp?

In which of these areas do you have experience?

___ Archery	___ Geo-caching	___ Gymnastics	___ Kayaking	___ Basketball	___ Puppetry
___ Wakeboarding	___ Waterskiing	___ Crafts	___ Rockets	___ Skits	___ Scrapbooking
___ Singing	___ Musical Instrument (please list _____)				

Certifications and Camp Support Staff Skills

In the following list, please check those for which you hold current certification and attach a copy of your certification.

Health/Safety

CPR First Aid Blood Borne Pathogens Lifeguard Nurse/Doctor Wilderness First Aid

Exp date: _____ _____ _____ _____ _____ _____

Do you have a valid driver's license? Yes___ No___ State _____

Do you have a commercial driver's license? Yes___ No___ If yes, with air brakes? Yes___ No___

ALLERGIES	Explain
___ Drugs	
___ Plants	
___ Bee Stings	
___ Other	

IMMUNIZATIONS	Please note month & year
Tetanus	
Polio	
TB	
MMR	

GENERAL HEALTH INFORMATION

Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp _____

Current Medications (Prescribed and over-the-counter) _____

Past Medical Treatment _____

Dietary Restrictions _____

Description of any camp activities from which you should be exempted for health reasons _____

Family Doctor or Health Care Facility _____

Phone # _____

Parent/Legal Guardian _____

Address _____

Phone (home) _____ Phone (work/cell) _____

Emergency Contact Person

Name _____ Relationship to staff _____
Phone (home) _____ Phone (work/cell) _____

CONTRACT OF RELEASE & ASSUMPTION OF RISK AGREEMENT

I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp Paxson, its employees, the Montana Conference of Seventh-day Adventists, and its parent organizations from liability in case of accident or illness. This form may be photocopied for use out of camp. Photographs and video of applicant(s) may be used for camp promotional material. As the applicant(s), I acknowledge that all the information on this application is true and correct to the best of my ability and I agree to abide by ALL camp regulations and policies and to uphold its objectives.

Applicant Signature _____ Date _____

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.) Yes _____ No _____

Explain _____

Have you ever been accused of sexual misconduct? Yes _____ No _____

I authorize investigation of all statements herein, including any checks of criminal records or reference checks and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature _____ Date _____

If applicant is a minor both parent and applicant signatures are needed below:

Participation and Consent Release for Camp Paxson - Montana Conference of Seventh-day Adventists

Camp Paxson has done everything reasonable to assure that our camp program has been made as safe as possible. However, we wish to inform you that camp activities are not without risk. As in any camp activity inherent risks exist and may result in serious injury or death. Please note, should you not want your child to participate in any specific activities or programs, please notate them in writing on a separate sheet of paper and attach it to the application when mailing it in. Phone calls are not acceptable for exclusion. If you have any questions, please call the Montana Conference Youth Department at (406) 587-3101.

Emergency Treatment Authorization

In case of emergency, I hereby give permission to the physician(s) selected by the camp directors to provide routine care, administer prescription and non-prescription medications, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. As parent or legal guardian of the applicant, I am in favor of him/her working at camp, and accept the conditions named. The health history and application information are correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. In addition, I have read and understand the EMERGENCY TREATMENT AUTHORIZATION statement and give my full consent to the terms found therein. (This form may be photocopied for use out of camp.)

Contract of Release & Assumption of Risk Agreement

By signing below, I acknowledge I have read the above two statements and consent to their conditions. I realize camp activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp Paxson, its employees, the Montana Conference of Seventh-day Adventists, and its parent organizations from liability in case of accident or illness. I also agree that photographs and video of the applicant may be used for camp promotional material. I agree to abide by ALL camp regulations and policies and to uphold its objectives.

Parent/Guardian signature _____ Date _____

Applicant signature _____ Date _____