

# Special Needs Camp Staff Application 2021

Our "Special Needs" Camp will be held at Camp Pitt in Chatham, VA. The dates are **June 14 – 16, 2021**. Please read the following application carefully and fill out completely.

## Personal Information:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_ Minister: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Would you consent to a background check? Yes \_\_\_ No \_\_\_ Social Security Number \_\_\_\_\_

## Experience/Interest:

Number of years experience in Special Needs camps (none required) 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6+ \_\_\_

Have you had any experience with persons with disabilities? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

What leadership experience do you have? \_\_\_\_\_

Describe your interest in working in a Special Needs Camp: \_\_\_\_\_

Special skills or talents that you would be willing to share at Special Needs Camp (music, crafts, teacher, etc.) \_

## T-Shirt Information

Please give us the size T-shirt you would like to have: \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL

**References:** (Please give three non-family member references. At least one should be from an elder in your church.)

Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any disabilities, allergies, or health limitations? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Please list all medications that you take on a regular basis: \_\_\_\_\_

**AGREEMENT:**

I, \_\_\_\_\_ certify that the information that I have provided on this application is true and accurate. I agree to abide by the terms, limitations and guidelines specified in the Camp Policies and the training provided by Climbing Higher Ministries, Inc. I accept full responsibility for my personal belongings, including any that may be lost, stolen, or damaged during the Special Needs Camp. I do request Climbing Higher Ministries, Inc assist me in obtaining any necessary emergency treatment. I do understand that my health insurance will be billed. I do understand that I will be responsible for medical charges not covered by my health insurance. I do understand that as a Special Needs Camp faculty member, I will be the representation of Jesus Christ to a very special person. I commit to making this Special Needs Camp a time of spiritual growth for my new friends. I realize that the number of campers will be contingent upon the dependability of the faculty to be there for them. Climbing Higher Ministries has my permission to use any video or photo's taken during the Special Needs Camp to promote the work of Climbing Higher Ministries. Should it become impossible for me to fulfill this commitment, I will notify Climbing Higher Ministries, Inc. promptly by telephone and to be followed with a written letter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (parent or guardian of minors), certify that I have reviewed this application and fully support my son's/daughter's intent to serve at the Special Needs Camp. I do understand that I will be responsible for medical charges not covered by my health insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_