

**Adirondack Baptist Camp 2024  
Registration Due August 4th**

**Staff Form**

Staff Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Health Information

List all medications, prescription and over the counter, and bring in the original containers to be turned in to the nurse when signing into camp. This includes vitamins and herbal supplements.

\_\_\_\_\_  
\_\_\_\_\_

\*Please list ANY food allergies or restrictions \_\_\_\_\_

Please attach a copy of your shot records if possible OR fill in below.

DTAP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Hep B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

MMR \_\_\_\_\_/\_\_\_\_\_

Qualifications

How many years have you been a Christian? Are you active in your local church? How?

\_\_\_\_\_

Physical Limitations? (Describe) \_\_\_\_\_

Experience working with children? (Describe) \_\_\_\_\_

\_\_\_\_\_

A background check will be conducted on all staff. Have you ever been convicted of a crime? (i.e. misdemeanor or felony) or do you presently have criminal active pending against you?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

**\*Signature by staff & your pastor**

I, \_\_\_\_\_, certify that the above information is complete and accurate.

I, \_\_\_\_\_, Pastor, recommend (staff) \_\_\_\_\_

**to be a qualified worker at camp.**

2 Personal References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Staff \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Staff \_\_\_\_\_