

Staff Name _____

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 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 _____