



Young Adult Staff Camp

Fee is \$30.00

Camp fees must be mailed to
Camp Re-NEW-All Office

FOR OFFICE USE ONLY	
DATE RECEIVED _____	SESSION _____
VIRTUS _____	BKGRD CK _____ CODE _____
POSITION _____	
CR REF _____	

2017 YOUNG ADULT STAFF APPLICATION

Age 18-20 years (during your session of camp)

CONTACT INFORMATION (PLEASE PRINT CLEARLY—FILL IN FORM COMPLETELY)

Name: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Email address for urgent communiqués: **REQUIRED** _____

Date of Birth: _____ Present Age: _____ Male Female

Status: Single Married College Student Seminarian

Parish Name: _____ City of Parish: _____ Pastor: _____

T-SHIRT SIZE : REQUIRED

STAFF POSITIONS

Number positions for which you are applying in order of preference (Qualifications for each position are given on a separate sheet)

Counselor	Cook Assistant	Nature
Religious Formation	Liturgy	Sports
Music	Crafts	Waterfront
Maintenance Staff (Frederecktown only)		

PARENTS

Name of Mother/Guardian: _____ Name of Father/Guardian: _____

Mother Cell/Work #: _____ Father Cell/Work#: _____

CAMP SESSIONS I AM AVAILABLE TO WORK

SESSIONS AT FREDERICKTOWN:			Number your session preferences in square to left of session listing in order of preference. Ex. Place #1 by your first choice, #2 by second choice, etc. Mark ONLY sessions that you CAN attend	SESSIONS AT CASSVILLE:			
1F	June 11-16			1C	June 25-30	4C	July 16-21
2F	June 25-30			2C	July 2-7	5C	July 23-28
3F	July 9-14			3C	July 9-14		

EXPERIENCE AND/OR QUALIFICATIONS

Have you attended Camp Re-NEW-All before? Yes No Last Attended: _____ Previous Positions Held: _____

Indicate your previous experience in children's programs (scouting, PSR, etc)

Please list your "special talents" (Red Cross, Jr. or Sr. Lifesaving, music, art, campfire activities, drama, etc.)

What experience have you had in the area for which you are volunteering?

REFERENCE: Name, Address & Phone of a person not related to you, whom you have known for at least one year

CONSENT

By signing below I hereby warrant that to the best of my knowledge the information provided above is correct.

Signature: _____ Date: _____

IMPORTANT REMINDERS FROM THE CAMP OFFICE

- Application Deadline: **March 15**
 - Notification of acceptance mailed: **After April 15**
 - STAFF PLACEMENT IS AT THE CAMP DIRECTOR'S DISCRETION.**
 - 10 business days notice of cancellation is required before refunds will be given** (Refunds processed after July 31)
 - Applications online at: www.dioscq.org , Click on Offices/Ministries select Camp Re-NEW-All from drop down menu.
- Applications may be mailed or faxed to the address or fax number below. Payment of camp fees will not be accepted at camp. Fees must be mailed to:
- Camp Re-NEW-All**
601 S Jefferson Ave
Springfield, MO 65806
FAX# 417-866-1140
- You may also email completed applications to:
rfrancka@dioscq.org



PLEASE COMPLETE BOTH SIDES

November, 2016

SAFE ENVIRONMENT & BACKGROUND SCREENING INFORMATION

In compliance with diocesan policy, all adults who volunteer for Camp must attend the [VIRTUS SAFE ENVIRONMENT TRAINING](#), complete the [DIOCESAN BACKGROUND SCREENING](#), and sign the Diocesan Code of Conduct **PRIOR** to going to camp. The Code of Conduct must be signed each year; however, you are only required to complete the other two requirements once. If you are not sure, call the camp office at 417-866-0841.

Attended a VIRTUS Safe Environment training Yes No

Background Check Completed Yes No

Completed 2016-17 Code of Conduct Yes No

Background Disclosure and Authorization and Code of Conduct forms are available at the parish office or at www.dioscg.org. Return the completed forms to your parish office and fill in the background screening section on your Virtus Account - this can precede your camp application. Go to www.virtus.org to register for a safe environment training at which time you may complete the Code of Conduct and Background Authorization (a paper copy of this form still needs to be turned into your parish office.)

STAFF MEDICAL INFORMATION

Because our insurance covers all participants at Camp, we request that staff members fill out this form

Staff Name:	Address:	City/State/Zip:
Home Phone:	Cell Phone:	
Name of Emergency Contact:	Relationship:	
Emergency Contact Home Phone:	Emergency Contact Cell Phone:	
Doctor's Name:	Doctor's Phone:	
Health Plan Carrier:	Policy #:	

MEDICAL HISTORY

(The diocese will take responsible care to see that the following information will be held in confidence)

Date of Last physical:	Date of last Tetanus (Required within last 10 years)
Food or drug allergies:	
Any medical conditions that might prevent participation in camp activities:	
List all Medications you will bring to camp and the directions for their use:	

PERMISSION FOR EMERGENCY CARE

I give permission to receive such emergency care as is necessary by the physician chosen by the Directors of Camp Re-NEW-All and agree to be responsible for all bills over and above those covered by camp insurance, which is secondary coverage.

Initial here if you agree: _____

CODE OF BEHAVIOR

I hereby agree to abide by all pertinent Codes of Conduct. I will cooperate fully with any chaperones or leaders of this event and obey local laws and ordinances in addition to any special rules given to me. I understand that failure to comply with these expectations may result in me having to leave the program.

Initial here if you agree: _____

MEDIA RELEASE

I hereby release to the diocese of Springfield-Cape Girardeau the rights of my photographs/audio/videos, for the purpose of promotion, video, web site or publications of the diocese. **THE DIOCESE RECOMMENDS THAT STAFF, VOLUNTEERS, AND PARENTS NOT POST TO SOCIAL MEDIA OR DISTRIBUTE PERSONAL IDENTIFIABLE INFORMATION, INCLUDING PICTURES OF ANY CHILD UNDER THE AGE OF 18, WITHOUT VERIFIABLE CONSENT OF A PARENT OR GUARDIAN.**

Initial here if you agree: _____

CONSENT

By signing below I hereby warrant that to the best of my knowledge the information provided above is correct and I agree to the Emergency Care, Code of Behavior and Media Release.

Signature:	Date:
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