

Camp at the Eastward (CATE)

Youth Ministry of Mission at the Eastward Starks, Maine

Employment Application

"Rest for my soul and peace for my mind..." this is what most campers and staff find at Camp at the Eastward. Please consider joining the CATE staff this summer and provide area youth with a camp experience that meets CATE's Vision Statement:

"Camp at the Eastward is a faith-based community which strives to build relationships with God and one another in an environment of acceptance and love. Our mission, as a ministry of Mission at the Eastward, is to provide foundational knowledge and spiritual growth in Jesus Christ through community, friendships, worship and adventure."

Staff applications are being accepted for the 2017 camp season. The camp website at www.campattheeastward.org has a list of available employment opportunities for 2017. Job description, age and skill requirements, Staff Manual, and compensation for all positions is available upon request.

All candidates are considered on the basis of qualifications, attitude, Christian values and the needs of CATE. Positions for qualified candidates will be filled with the best possible candidates. Applying early makes this task easier. All employment is subject to verification of references, an interview, a criminal offense records investigation (CORI) and mandatory staff training to be held prior to opening of camp.

Feel free to use the back of the application if more space is needed to present your qualifications, experience or add further information.

Please download, print, complete and return your application to:

**Camp at the Eastward
P.O. Box 294
Anson, ME 04911**

If you are unable to download the application, please email your request to: cate@beeline-online.net or call (207) 441-3042 Mary Ellen.

2017 CAMP AT THE EASTWARD STAFF APPLICATION

Please indicate all week/s for which you are applying:

Mission to Maine	(age 15 – adult)	Sunday, June 25 th to Friday, June 30 th 2017
Senior High Camp	(Grades 9 - 12)	Sunday, July 2 nd to Saturday, July 8 th 2017
Junior High Camp	(Grades 6 - 8)	Sunday, July 9 th to Saturday, July 15 th 2017
Bantam Camp	(Grades 3 – 5)	Sunday, July 16 th to Saturday, July 22 nd 2017
Chickadee Day Camp	(Grades K - 2)	Monday July 17 th to Friday, July 21 st 2017

POSITION/S AVAILABLE (Check all that apply)

ADMINISTRATIVE POSITIONS:

- Medical
- Arts & Crafts Director
- Sr. High Director
- Food Service Director

SUMMER CAMP STAFF:

- Challenge/Ropes Course Facilitator
- Senior Counselor (18+)
- Junior Counselor (16+)
- Cook
- Lifeguard
- Volunteer *please specify:* _____

STAFF INFORMATION

Name (please print)	Birth Date	Gender	SSN
Address	City	State	Zip
Home Phone	Cell Phone	Email	

EDUCATION

Highest degree/certificate/diploma held	School/Institution	Year completed
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EXPERIENCE (add additional pages as needed)

Summer Camp/Location	Positions held	number of years
Other Employment/name	Position/s held	From/To (dates)

REFERENCES (please provide at least two, non-family references, give contact information)_____

INTERVIEW Please give most convenient contact time and number _____

Regardless of personal belief or faith practice, CATE staff is expected to support the CATE Vision Statement while employed by Camp at the Eastward.

MEDICAL HISTORY, HEALTH FORMS, PHYSICAL BY A LICENSED PHYSICIAN, INSURANCE, ALLEGIES

DOCTOR

Name of physician	Town / State	Phone
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INSURANCE

Medical Insurance Company	Plan Name
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Group #	Subscriber #	Name of Insured	Relationship
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EMERGENCY CONTACT

Name

Phone Number

TETANUS SHOT

Date of last tetanus shot

DIETARY RESTRICTIONS

Vegetarian _____ Vegan _____ Lactose Intolerant _____

Other (please specify) _____

ACTIVITY /PHYSICAL RESTRICTIONS

Please explain any restrictions to activity (e.g., what cannot be done, necessary adaptations or limitations)

ALLERGIES - MEDICATION / FOOD / OTHER

Allergy	Reaction	Treatment
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Allergy	Reaction	Treatment
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PRESCRIPTION MEDICATIONS

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Leave enough medication with the Medical Staff for your entire stay at camp. Keep it in the original packaging/ bottle that identify the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Medication Name	Dosage	Frequency	Reason
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Medication Name	Dosage	Frequency	Reason
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AUTHORIZATION TO TREAT

This health information is correct and complete to the best of my knowledge. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to store and supervise all prescribed and non-prescribed medications. This is done in accordance with state camping laws and regulations to protect the safety and well being of campers and staff.

I also give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me / my child, as may be necessary, including, but not limited to x-rays, routine tests and treatments, and / or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in *loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representative" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to the camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Printed name

Printed name of parent/guardian signing below

Signature of parent/guardian

Date

CAMP AT THE EASTWARD POLICIES AND PROCEDURES:

- Staff training is mandatory and no offers of employment will be finalized until the training is completed.
- All applicants must read the **Camp at the Eastward Summer Camp Staff Manual** and
- Sign the statement below agreeing to uphold these summer camp personnel policies and procedures as a condition of employment. Policies clearly state the duties of staff regarding summer camp employment, behaviors and supervision of campers.
- If an applicant is under the age of 18, a parent or guardian must also read and sign the statement.

I have carefully read and understand the Camp at the Eastward Summer Camp Staff Manual and do agree to live within these stated expectations if hired or accepted as a volunteer at Camp at the Eastward.

Applicant Signature

Date

Parent/Guardian Signature for applicants under 18 yrs of age

Date

CRIMINAL OFFENSE RECORDS INVESTIGATION

INFORMATION AND RELEASE

Full Legal Name: _____

Other names known by: _____

Date of birth: _____ Social Security Number: _____

Place of birth: _____

Current Address: _____

Other State where you have resided: _____

I understand that Mission at the Eastward (MATE) as my employer and in good faith of the welfare of the children under the care of Camp at the Eastward, will perform a Criminal History Records Investigation, and that employment at Camp at the Eastward is contingent upon the results of this investigation. My name will also be checked against the sex offender national and state registries. If I have lived in another state, my information may be used for a federal CORI (Criminal Offense Records Investigation). My personal information will only be used for these purposes and the results of the investigation will be kept confidential on file with MATE. I understand that if I am not offered a position as a result of this search, I have the right to know what is on my report and may request a copy of the report from the Camp Coordinator.

I agree to the Criminal History Records Investigation and Sex Offender Registry Search.

Signature: _____ Date: _____

Please print full name

