



Puget Sound Interfaith Youth Camp Staff Application 2009

Puget Sound Interfaith Youth Camp will be held August 23-28, 2009 at Camp Seymour. It will bring together 7th- 9th graders from a variety of faith traditions for a five-day camp experience to learn about each other's traditions and appreciate their common humanity. We are looking for staff who reflect the diversity of the camp. Staff must be committed to the goals of the camp, and they must be available for staff training all day Saturday, August 22. Counselors may receive \$200 stipend; all others are volunteer positions unless otherwise negotiated. All staff will receive room and board. Questions? Phone Kathy Erlandson 360-357-7224 or Sallie Shawl 253-383-3056 x105.

For more information about the camp, go to www.soundinterfaithcamp.org.

Please type or print clearly. Fill out form completely.

BASIC INFORMATION

Name		Date of Application	
Permanent Street Address, City, St, Zip Code		Telephone(s) ()	
Email Address		Date of Birth	
Present Occupation		Education	
Place of Employment		Where did you learn about Camp Position?	
PLEASE LIST ALL ADDRESSES OF RESIDENCE IN THE PAST 10 YEARS ON THE BACK OF THIS SHEET.			

POSITION DESIRED

<input type="checkbox"/> Camp Director	<input type="checkbox"/> Cabin Counselor
<input type="checkbox"/> Assistant Camp Director	<input type="checkbox"/> Camp nurse
<input type="checkbox"/> Arts & Crafts Instructor	<input type="checkbox"/> Faith Leader (which faith tradition?)
<input type="checkbox"/> Campfire/music director	

Experience

Below, briefly summarize activities and experiences that will enable you to carry out the responsibilities of the job you are seeking. Also list experience in working with children, the purpose of the experience, your role, and the results.

CERTIFICATES/LICENSES

Check any of the following for which you have earned a certificate or license:

Lifeguard___ First Aid___ CPR___ EMT___ Other_____

SKILL AREAS

Check any of the following areas in which you have special expertise:

___Astronomy ___Drama ___Environment ___Fire building ___Fishing ___Folk Arts
 ___Group Games ___Jewelry Making ___Macramé ___Painting ___Photography ___Plants
 ___Team Sports ___Weaving Other:_____

EMPLOYMENT: List most recent first. List other camps if applicable. Use more sheets if needed.

Employer's Name, Address, Phone	Position Held	Supervisor's Name	Dates of Employment

REFERENCES

Three persons NOT related to you who can judge your qualifications for this position. If you have previous camp staff experience, one reference should be from a camp director or camp administrator.

Name & Address	Phone	Position/Title

HISTORY

- Do you use illegal drugs? () Yes () No
- Have you ever been convicted of a criminal offense? () Yes () No
- Have you ever been charged with child neglect or abuse? () Yes () No
- Has your driver's license ever been suspended or revoked? () Yes () No

Please explain if you answered 'yes' to any of the questions above:

Other than the above, is there any fact or circumstance involving you or your background that would call into question your working with children?

If yes, please explain. _____

This is an interfaith camp. What, if any, is your own religious affiliation?

Why would you like to come to an interfaith camp? _____

Please be aware that a criminal background check will be made for all camp staff applicants.

I hereby authorize the Puget Sound Interfaith Youth Camp to inquire into, and to verify any information contained on this application for a staff position, and I give permission to contact present and previous employers and additional references listed in this application or on any supplemental form. Puget Sound Interfaith Youth Camp shall not be liable for any damages that may result from such inquiry or verification. I understand that making any misleading or untruthful statement on this application may result in its rejection or my dismissal.

Signature

Date

PHOTO, VIDEO, WRITING, ART & INTERVIEW RELEASE

I, the undersigned, hereby grant permission to Puget Sound Interfaith Youth Camp to allow my camp artwork, photographs, computer graphics, writing, videos and interviews to be used in sponsoring organizations' or other publications, displays, newspapers, videos, TV programs, slide shows, PowerPoint presentations or on the camp's website. I also grant the camp permission to take and use photographs or videos of myself, and I understand such photos and videos may be used in any of the ways listed above.

Signature

How did you learn of this camp? _____

What is your tee-shirt size? Small___ Med.___ Large___ XL___ XXL___

RETURN COMPLETED FORMS TO: PS Interfaith Camp
1224 South "I" Street
Tacoma, WA 98405

Health History

	Yes	No		Yes	No
1. Recent illness, injury, infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	17. Joint problems? Knees? Ankles? Any?	<input type="checkbox"/>	<input type="checkbox"/>
2. Chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	18. Bringing an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Skin problems? Itch, rash, acne?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	21. Asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	23. Problem with diarrhea or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts, other eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	24. Problem with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	25. History of bedwetting?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out from exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	26. Any eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy from exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	27. ADD or ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	28. Abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain from exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Physical exam in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	30. Traveled abroad in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
15. Diagnosed with heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	31. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>			

Explain any "yes" answers, noting number of question.

Allergies? (medication, food, other)

Reaction & management of the reaction

Immunizations: Give date (year) of last immunization/booster, or attach a copy of original record.

_____ Tetanus	_____ Rubella/Measles	_____ Hepatitis A	_____ Diphtheria/Pertussis (DtaP/DT)
_____ Mumps	_____ Chicken Pox	_____ Hepatitis B	_____ Other (specify)

Medications

List all medications, including over-the-counter & non-prescription drugs, brought to camp. Use additional sheet if necessary. Keep medications IN ORIGINAL PACKAGING. If a prescription, the package must identify the prescribing physician, medication name, dosage, and frequency of administration.

This person takes medications as follows: This person takes NO routine medications.

Medication #1 _____ Reason for taking _____

Time _____ Dosage _____ Time _____ Dosage _____

Time _____ Dosage _____ Time _____ Dosage _____

Medication #2 _____ Reason for taking _____

Time _____ Dosage _____ Time _____ Dosage _____

Time _____ Dosage _____ Time _____ Dosage _____

Medication #3 _____ Reason for taking _____

Time _____ Dosage _____ Time _____ Dosage _____

Time _____ Dosage _____ Time _____ Dosage _____

Family Physician's name _____ phone # _____

Family dentist/orthodontist name _____ phone # _____

COMPLETE THIS FORM AND RETURN IT WITH STAFF APPLICATION TO:

PS Interfaith Camp, 1224 South "I" Street, Tacoma, WA 98405

Staff: What to Bring

Medication

All medications must be in original containers (as purchased or issued) including prescriptions, over-the-counter drugs, and vitamins. Prescription containers must detail your name, name of medication, dosage directions, and the name of physician. All medications must be listed on the Health & Medical History Form and will be held by the camp's Health Care Director, who will dispense it appropriately. This is necessary to avoid having any kind of drugs in the cabins.

Clothing & Equipment

Be aware that camping is hard on clothing. We recommend against bringing new or expensive clothing, luggage, or other items. All personal belongings should be plainly marked with your name for identification. Storage is limited. Please bring only one piece of luggage and a sleeping bag.

Dress Code: Staff is expected to dress in a manner sensitive to the modesty of others. Wear clothing appropriate for active days outside, in a co-ed setting. Undergarments should not be visible. Swimsuits appropriate for swimming and water games should also be modest. Women should wear one-piece swimsuits, or cover with a tee shirt. Shoes: Athletic shoes are recommended for health and safety.

Suggested to bring:

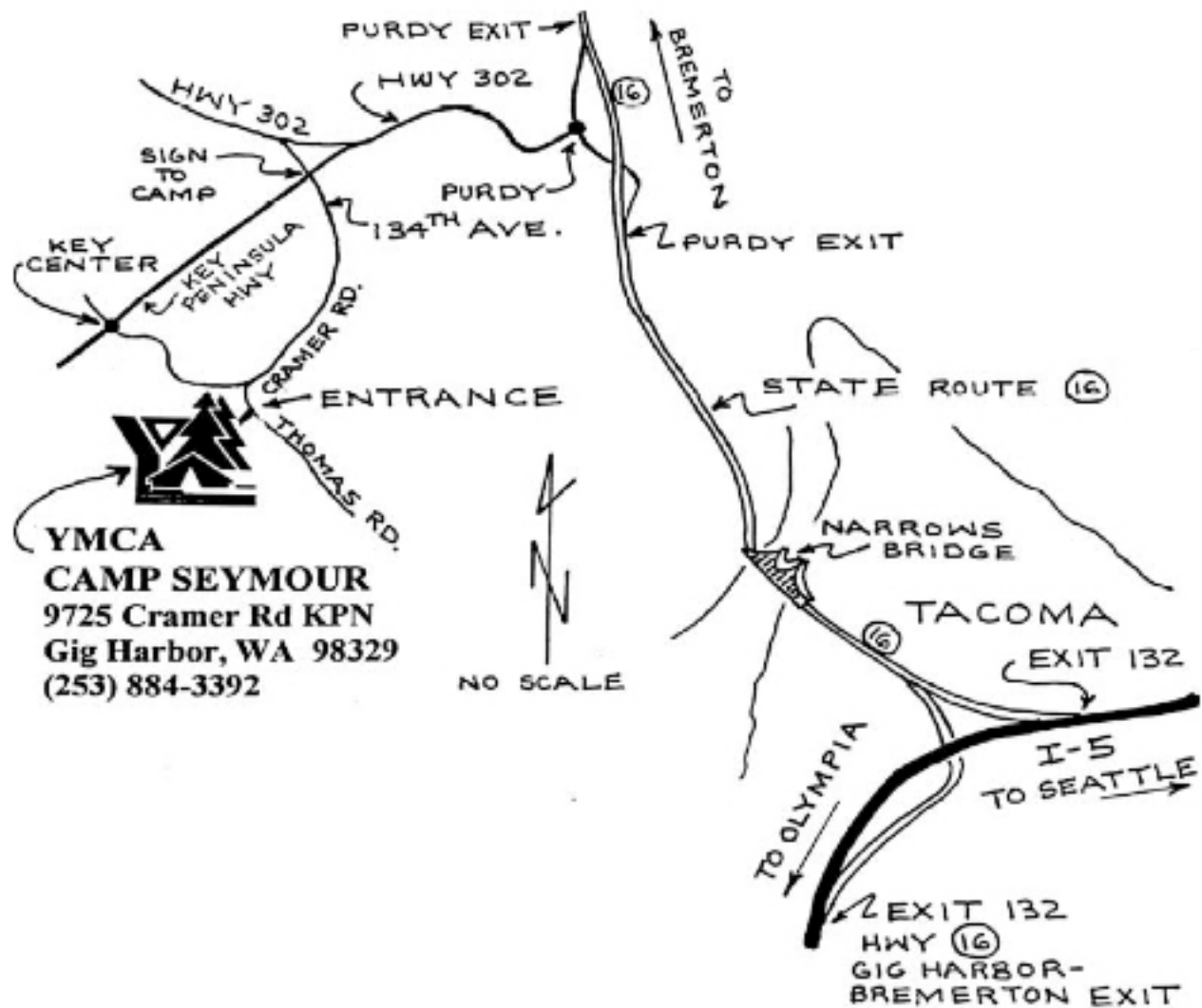
- | | |
|---|--|
| <input type="checkbox"/> Sleeping bag, with a stuff sack or plastic bag | <input type="checkbox"/> 6 shirts, 6 sets underwear, 6 pair socks |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> 2 pairs of jeans or other rugged pants |
| <input type="checkbox"/> Laundry bag or pillowcase for dirty clothes | <input type="checkbox"/> 3 pairs sun shorts |
| <input type="checkbox"/> Wash kit (soap, toothpaste & brush) | <input type="checkbox"/> 2 sweatshirts |
| <input type="checkbox"/> 1-2 Towels & washcloth | <input type="checkbox"/> Warm jacket |
| <input type="checkbox"/> Flashlight with fresh batteries | <input type="checkbox"/> Raincoat or poncho with hood |
| <input type="checkbox"/> Sunscreen (minimum SPF 15) | <input type="checkbox"/> 2 pairs shoes (at least 1 tennis/sport shoes) |
| <input type="checkbox"/> Chapstick (minimum SPF 15) | <input type="checkbox"/> Swim suit |
| | <input type="checkbox"/> Pajamas |

Optional items:

- | | |
|---|---|
| <input type="checkbox"/> Travel game, cards, book (for rest time) | <input type="checkbox"/> Sandals |
| <input type="checkbox"/> Fishing pole w/barbless hooks, artificial bait | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Non-aerosol insect repellent | <input type="checkbox"/> Musical instrument |
| <input type="checkbox"/> Water bottle | |

PROHIBITED ITEMS –PLEASE DO NOT BRING:

- Food, candy or snacks. (Treats invite ants and critters into cabins.) We will provide meals and snacks.
- Cash
- Pets
- Electronic devises (toys, games, iPod, MP3 player, etc)
- Tobacco products, alcoholic beverages, non-prescribed drugs
- Weapons, matches, lighters fireworks, other hazardous materials



Driving Directions:

1. Follow Highway 16 to the Purdy/Key Center exit.
2. At Purdy (stop light) cross over the Purdy bridge and go south 5 miles on the Key Peninsula Highway / Hwy 302
3. Go straight through the stop light where Hwy 302 veers toward Shelton
4. Take next left onto f134th
5. Drive 2 miles. (134th becomes Cramer Road)
6. Turn left on Thomas Road and go 25 yards
7. Camp entrance is the first right turn. You'll see the Camp Seymour sign.