



## 2018 SUMMER SESSIONS

**#1: July 8-13**  
Campers Ages 9-14  
Director: Jeff Foster

**#2: July 15-21**  
Campers Ages 14-18  
Director:  
Charlie Delong  
Chandler Walker

Service as a staff member during a summer session at Four Corners Encampment will only be considered once this application is completed in its entirety and a background check is conducted. This application must be sent to the address below.  
**AS SOON AS POSSIBLE**

**MAIL TO:**  
**Four Corners Encampment**  
**631 E. Montezuma**  
**Cortez, CO 81321**

Camp Telephone: (970) 882-7839  
Office Telephone: (970) 565-3631  
E-Mail: [cortezcofc@live.com](mailto:cortezcofc@live.com)

Camp Website:  
[fourcornersencampment.org](http://fourcornersencampment.org)

Website has camp applications, photos, information & more

# SUMMER 2018 STAFF APPLICATION

[www.cortezchurchofchrist.org](http://www.cortezchurchofchrist.org)

Staff members serving during the summer camp sessions of Four Corners Encampment must be at least 16 years of age, be a baptized-believer in Jesus Christ, and have experience as a camper at a Christian summer camp. Each session director reserves the right to recruit and assign staff members for his session. The submission of this application does not guarantee an appointment as a staff member at Four Corners Encampment. You will be contacted regarding the status of your application.

All prospective staff members must complete this application in its entirety and provide all signatures that are requested. Once completed, the application and all other necessary documentation should be mailed to the camp address (lower left-hand corner) **AS SOON AS POSSIBLE**. Those serving in an official capacity at Four Corners Encampment for a cumulative period of 14 days during 2018 must submit themselves to a Colorado Department of Investigation or Federal Bureau of Investigation Abuse and Neglect Background check, including the submission of fingerprints. (Those staff members who are residents of Colorado will be submitted to a C.D.I. and F.B.I. background check; those living outside of Colorado will be submitted to a F.B.I. check.) You will be contacted regarding this process.

If you have questions concerning the staff application process, please contact Rob Hall by calling (970) 565-3631, or by e-mail, at [cortezcofc@live.com](mailto:cortezcofc@live.com).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Sex: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

(If a prospective staff member is younger than 18 years of age, the name of a parent or legal guardian must be provided)

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you been baptized? \_\_\_\_\_ Where? \_\_\_\_\_

Church Home: \_\_\_\_\_ Location: \_\_\_\_\_

Provide the name of an elder or minister: \_\_\_\_\_

How often do you attend? \_\_\_\_\_

**At which session(s) do you want to work?** (Check all that apply)

**Session 1:** July 8-13 (Ages (9-14))

**Session 2:** July 15-21 (Ages 14-18)

**How would you like to serve?**

(Guidelines and expectations for all staff positions are discussed in detail in the Four Corners Encampment Staff Manual by request)

**Cabin Leader** (Must be at least 18 years of age and be a high school graduate)

**Junior Cabin Leader** (Must be at least 16 years of age)

**Bible Class Teacher or Recreation Leader**

**Kitchen Helper**

**Nurse** (Must be a licensed physician, a registered nurse, a licensed practical nurse or holds a current American Red Cross Advanced First Aid certification as an Emergency Medical Technician or equivalent, must also have Medical Administration training)

**Other** (Describe the capacity in which you would like to serve) \_\_\_\_\_

**Please provide details about your experience as a staff member and camper at Christian summer camps.**

**Personal References:** All prospective staff members must provide the names of three personal references. These may be from leaders in your congregation, teachers and/or administrators at your school, employers and/or supervisors, or persons in the community and/or business. They may not be relatives or spouses. These references will be checked prior to your appointment as a staff person at Four Corners Encampment.

Reference #1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Staff Applicant: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

By signing you affirm that this protective staff member is a person of worthy character and recommend him or her for service at Four Corners Encampment

Reference #2: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Staff Applicant: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

By signing you affirm that this protective staff member is a person of worthy character and recommend him or her for service at Four Corners Encampment

Reference #3: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Staff Applicant: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

By signing you affirm that this protective staff member is a person of worthy character and recommend him or her for service at Four Corners Encampment

**Health Record:** Colorado state law requires that all persons attending Four Corners Encampment must provide a statement confirming a health screening signed by a physician or nurse practitioner and a health history. **For staff members, the health screening must have been conducted within the 24 months preceding** the camp session (a copy of a school physical or an annual physical will be accepted). An immunization record is not needed from staff applicants.

Please answer the following questions with as much detail as is necessary. This information will be kept confidential and be brought only to the attention of the session director, medical staff, and others as directed by the staff applicant or his/her parent or guardian. This information will be kept on file in the camp office and be consulted when medical care is needed.

***Is the camper presently taking any prescription medications? Please list the medications and dosage schedule.***

***Does the camper have any reaction to penicillin or other drugs? (Explain)***

***Does the camper have any allergic reaction to insect bites or stings? (Explain)***

***What special medical or dietary routine is needed by this camper? Please provide notice of any food allergies the camper has.***

**Healthcare Provider's Signature:** I have examined the person above and found him/her to be in satisfactory physical condition, free from any contagious disease, and capable of active participation in a regular camp program except as follows:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Consent to Administer Medical Care:** I authorize Four Corners Encampment to administer and /or seek appropriate medical care on my behalf. I know that in the case of emergency (specifically, in the event I become incapacitated), effort will be made to contact my emergency contacts (using the emergency numbers listed in the application). If, however, no one can be reached, I hereby give permission to the physician, nurse practitioner, paramedic, first responder, or other trained healthcare professional selected by the camp director and/or its medical staff to hospitalize and secure proper transport and treatment (including surgery and invasive medical procedures) for myself. I also give permission for the camp medical staff to administer non-prescription health aid with the following exceptions and restrictions:

Signature of Staff Applicant: \_\_\_\_\_

Health Insurance and Policy Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

## Camp Policies

- Every person is required to follow the camp schedule unless excused by the session director.
- The “raiding” of cabins and/or hazing of any kind is absolutely prohibited. The harm of other persons and/or the destruction of property are grounds for immediate dismissal from camp.
- Each camper must bathe regularly and be properly groomed and attired. Modest dress and undergarments are required for males and females. Any shorts worn should extend past the fingertips when standing with hands at your side. The staff, and session director retain the authority to ask anyone on the premises to change their attire if it is deemed inappropriate for camp. When packing clothing, remember to bring clothing appropriate for warm and cold temperatures.
- Alcohol, illicit drugs, tobacco and any harmful substances are not permitted. Guns, hunting knives, hatchets, matches, or fireworks are not permitted. Possession of these items is grounds for immediate dismissal from camp.
- Abusive and/or profane language are not permitted. The respectful and honest treatment of all persons is expected.
- All prescription and non-prescription medication, vitamins, and/or supplements of any kind MUST be given to the camp nurse upon registration. The nurse must be notified of any medication routine.
- No camper is allowed to leave the premises without the permission of the camp director and without the accompaniment of those specifically noted in this form. Parents are asked to check in with the camp director before taking their child off the premises.
- Cell phones are permitted for camera use only. Any personal media use is permitted only at the discretion of the session director.
- Do not bring food or beverages to camp. All food, snacks, and beverages will be supplied by the camp. There is NO food allowed in the cabins.
- Visitors must check in with the camp director and abide by all policies outlined in this section. All vehicles should be parked in the designated area.
- The session director may expel any person (camper, staff member, or visitor) from camp premises if in their judgement there is conduct detrimental to the camp. The parent/guardian of any expelled camper will be contacted immediately and the camper will not be allowed to leave the premises without the accompaniment of the parent/guardian or one designated in this form. No refund will be given to the camper expelled from camp.

**Background Check & Signature:** I affirm that I have not been convicted of child abuse, unlawful sexual offense, or any felony. I grant Four corners Encampment, Inc. permission to obtain a copy of my criminal record. If serving as a staff member at Four Corners Encampment for an annual cumulative period of 14 days or more, I know that I must submit to a C.D.I. or F.B.I. Abuse and Neglect Background Check, including the submission of fingerprints.

Staff Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Letter of Agreement:** I have read through the Four Corners Encampment Staff Manual (available by request) and accept all of the responsibilities and obligations listed therein for the position to which I am applying. I am aware of the camp protocols, rules, and procedures. I will do my best to uphold the standards and goals of Four Corners Encampment. I will cooperate with the camp director(s) and other staff members in demonstrating the Christian walk by my speech, dress and conduct.

Staff Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Child Abuse Reporting Statement:** Under the *Child Protection Act of 1987* (C.R.S. 19-3-301) in the Colorado Children’s Code, child care center workers are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a child care worker has “reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency.”

“Abuse” or “child abuse or neglect” means an act or omission in one of the following categories which threatens the health or welfare of a child: skin bruising, bleeding, tissue swelling, or death; any case in which a child is subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child is in need of services because the child’s parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

If at any time a staff member reasonably suspects child abuse, it is the responsibility of that staff member to report or to cause a report to be made of this suspicion to the local county department of social or human services at Cortez, Montezuma County, Colorado (970-565-3796) or the police department. It is not staff’s role to investigate suspected abuse – only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 18-1-106, C.R.S. The staff person could also be liable for damages “proximately caused thereby.”

**I have read and understand the above requirements concerning my responsibility regarding child abuse reporting.**

Staff Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

If you are under 18 years of age, your parent or guardian must sign in affirmation of this application.

Parent/Guardian Signature: \_\_\_\_\_

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