



Mail To: Opportunity Camp
500 Minert Road.
Walnut Creek CA 94598
Fax: 925-825-1796

Opportunity Camp Staff Application 2010

Office Use Only

Date Recorded	Check #
Live Scan Cleared: ___/___/___	Amount:
DOJ Clearance YES NO DOJ Initials: _____	Processed CC (Date) Auth. Code
Child Protection Policy Clearance: AVSF CRCA COE	PAID IN FULL

PERSONAL INFORMATION & VOLUNTARY DISCLOSURE STATEMENT

Last Name	First Name	MI	M or F
Address			
City		State	Zip
Home Phone ()		Birth Date / /	
Business Phone ()		Cell Phone ()	
E-Mail		Home Church	
Drivers License #	State	Expiration Date / /	
Are You a Christian?	YES	NO	
Do you have a current CPR Certification?	YES	NO	
Do you have a current Life Guard Certification	YES	NO	
1. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? If yes, Please explain, use a separate sheet.			
2. Have you ever been convicted of any crime including, but not limited to, indecent assault and battery on a child under fourteen, a mentally retarded person, a person who has obtained the age of 14, rape, rape of a child under 16 with force, intent to commit rape, kidnapping of a child under 16 with intent to rape, distribution/trafficking of narcotics or other controlled substances, or intent to commit any of the above crimes? If yes, please explain, use a separate sheet.			
3. Have you ever been subject to any court order involving sexual/physical abuse of a minor If yes, please explain, use a separate sheet.			
4. Have your parental rights been terminated for reasons involving sexual/physical abuse of children? If yes, please explain, use a separate sheet.			
I understand that: The camp may deny volunteer service to any person who answers "YES" to any of the above questions #1-4. If accepted to serve and Opportunity Camp later discovers circumstances that would indicate a "YES" to any of the above questions #1-4, volunteer services will be terminated immediately. The information provided on this form is subject to verification, which will include a criminal history check and/or request from any Central Registry of child abusers. The camp may terminate volunteer service of any person if that person is found; regardless of when discovered to: Have a history of complaints of abuse to a minor. Have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or Have falsified or omitted information in this disclosure statement. This disclosure statement must be updated yearly.			
Signature _____		Date ___/___/___	
Signature of Minor's Parent _____		Date: ___/___/___	

INTERESTED IN VOLUNTEERING?

Areas of Work : (Please circle service areas)

Counselor	Head Cook	Cook
Nurse	OPS Crew	Dishwashing
Bible Teacher	Photo/Video	PA Sound
Life Guard	Canteen	Rec. Crew
Crafts	Rec. Leader	Speaker
Mgt. Team	Entertainment	Dish Lead
Laundry	Other:	

Should my application be accepted, I agree to comply with the policies and practices of Opportunity Camp Inc. I further agree to work in whichever position I am assigned. I will commit to serving the children through this ministry, do whatever is needed to fulfill my role at camp, meet all staff requirements, prepare myself physically, mentally, and spiritually, to meet all challenges before me. **Initial:** _____

Housing at camp. (Necessary to complete) I Will:
 _____ Stay in cabins with campers
 _____ Bring my own RV
 _____ Need staff housing (*limited*)
 _____ Use own tent
 _____ Will drive back/forth
 Other _____

Local Staff: Your staff fee is \$100.00 per camp week, payable with a check or credit card. This fee covers housing, food, staff shirt, etc.

Out of State Staff: Your staff fee is \$125.00 per camp week, payable with a check or credit card. This fee covers the above items and transportation to/from Airport/Camp.

Please circle the size of the adult T-shirt you need:
S M L XL XXL 3X
Please include the volunteer staff fee with your submitted form.

STAFF COSTS – PLEASE INCLUDE A CHECK OR CREDIT CARD FOR PAYMENT

	Card #: _____ - _____ - _____ - _____
	Card #: _____ - _____ - _____ - _____
Expiration Date: ___/___/___	
Name as it appears on card: _____	
Signature _____	

STAFF MEDICAL INFORMATION

Every staff volunteer entering camp shall furnish a health history of your health status that is complete and signed. Please include a copy of the front and back of your current insurance card with this volunteer staff application.

Name _____	M or F	
Birth date _____ / _____ / _____		
Allergies: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Poison Oak <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Bee Stings Do you have an epi pen? YES NO <input type="checkbox"/> Food/Kind _____ <input type="checkbox"/> Dairy List your symptoms to the allergy: _____		
List any special dietary needs: _____		
Do you have asthma? YES NO What medication or treatment are you taking for asthma? _____		
Describe any current health conditions that require medication (please list), treatment, or special restrictions while at camp. Write "None" if you don't have any.		
Condition	Medication	Dosage
1. _____		
2. _____		
3. _____		
4. _____		
Storing staff medications within cabin settings is dangerous. Be prepared to store your medication with the nurse. You will receive specific directions at staff training.		
Date of last tetanus shot: _____ / _____ / _____ Date of last flu shot: _____ / _____ / _____ Date of last medical exam: _____ / _____ / _____ Your physicians Name/Address/Phone number _____ _____		
Are there any over the counter medications you CANNOT take? (Aspirin, Tylenol, Benadryl, Advil, etc.) _____		
Describe any past medical treatments (chronic conditions or diseases) relevant to participating in camp. Write "None" if you don't have any. _____ _____		
In case of EMERGENCY please contact:		
Name	Phone	How Related?
1. _____		
2. _____		
Health Insurance Company: _____		
Policy #: _____		
Group # if Applicable: _____		
Insurance phone #: _____		
Signature: _____ Date: _____ / _____ / _____ For staff 18 years and over – I decline to provide the requested health information: Signature: _____ Date: _____ / _____ / _____		

PHOTOGRAPHY:
 Opportunity Camp routinely uses photos and video taken from events for print, web and video applications. Your volunteer staff application constitutes permission given to Opportunity Camp for such purposes.

Staff will arrive for staff training on: June 19th 2010 no later than 2:00pm.

Is this your first time to serve at camp?
YES Total Years: _____ **NO**
 If yes, complete the references below

REFERENCES – FIRST TIME SERVING ONLY

(1) Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

(2) Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

PARENT OR GUARDIAN PERMISSION IF STAFF APPLICANT IS UNDER 18 YRS

I, the undersigned parent/guardian, consent to (Child's Name): _____

Participating in Opportunity Camp on: (dates) _____

I authorize in advance any adult camp staff member to consent to any medical or surgical diagnosis, treatment, and/or hospitalization which is deemed necessary during the duration of camp and agree to be financially responsible for all said treatment. I also agree that Opportunity Camp is not responsible for campers traveling to or from camp, or after the camp's conclusion. I understand that I will be required to pick up my child if he/she does not abide by the camp rules. I hereby release the staff and any supporting group from any financial liability for this applicant.

Parent/Guardian Signature _____ Date _____ / _____ / _____

Staff Applicant Signature _____ Date _____ / _____ / _____

COMPLETING THE STAFF APPLICATION DOES NOT SECURE A PLACE FOR YOUR CAMPER CHILDREN. ALL STAFF MUST REGISTER THEIR OWN CHILDREN!