

## Camp Salvation Annual Staff Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender M/F \_\_\_\_\_ Marital Status: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Clearly print Email: \_\_\_\_\_

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

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church address: \_\_\_\_\_ Pastor: \_\_\_\_\_

Please check off any certification you currently possess, and include a copy of the certification.

\_\_\_\_\_ CDL (transportation certified) \_\_\_\_\_ First Aid/ \_\_\_\_\_ Expiration date \_\_\_\_\_ First Responder \_\_\_\_\_ CPR

(Level \_\_\_\_\_)/ \_\_\_\_\_ expiration date \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_ CNA

If you have a certificate or a letter to verify your experience in BB/archery/boating/other please list and include:

\_\_\_\_\_

\*There is a chance that you will be transporting campers by vehicle, please include a copy of your driver's license.

Circle the positions you want to serve as a volunteer, and make sure to attach a completed job description for the desired position(s), found online.

**Adult Sponsor** (Cabin Counselor)

**Cooks** (Kitchen Support Staff)

**Helper**

**Lead Cook**

**Maintenance**

**Nurse**

**Music Director**

**Office Personnel**

**Recreation Director**

**Special Speaker**

**Check the boxes of the 2021 Camp Dates  
you are planning to attend:**

- ☐ **Junior High Week 1: June 7-12**
- ☐ **High School Week 1: June 14-19**
- ☐ **Elementary Week 1: June 22-26** (Tuesday-Saturday)
- ☐ **High School Week 2: July 5-10**
- ☐ **Junior High Week 2: July 12-17**
- ☐ **Elementary Week 2: July 19-23**

Please contact Tim Muth if you would like to volunteer. Our staff would like to talk to you and know your intended week for planning purposes. We would like staff to **report to Camp the night before** the week starts. The directors would like to hold orientation and start team building. If you are able to do this, please show up by 7:00 p.m., dinner will not be provided but feel free to bring your own.

## ***Feel free to copy this page if needed for personal use!***

### **Staff Expected Behavior**

We want to see God work at Camp, so it is important that we pray and prepare ourselves to be a blessing at Camp. We do not expect staff to have everything in their lives in perfect order, but we do expect you to strive to be a good example in your attitude and manner of living. You are examples to these impressionable Campers and we want you to take that seriously by striving to honor God in your lives both on and off the Camp grounds.

**What to bring to Camp:** Excitement, a great attitude, Bible, notebook, pens, sleeping bag, heavy blanket, pillow, and a **fitted sheet** to cover the mattress, personal hygiene items like soap, shampoo, towels, toothbrush and toothpaste, hair care items, deodorant, etc...

**Clothes:** There is a dress code at Camp and it is the same for everyone. No sleeveless shirts, all shorts need to come to the knee, and no tight or revealing clothing. We don't want to be a distraction to each other. Warm clothes for evenings and mornings, **weather in the mountains can be close to 32°**. It does rain so bring a rain jacket and more than one pair of shoes.

**What not to bring to Camp:** Don't bring a bad attitude to Camp or a desire to do wrong. Any "noise" that keeps us from hearing God at Camp; like non-Christian music, headphones, video games, internet surfing, inappropriate physical contact or clothing that is distracting. We want you to hear God better while you are here. Don't bring valuables that could be misplaced. There is zero toleration for drugs, tobacco, or alcohol.

**For Staff members under the age of 18:** In case of emergency I understand you will make every effort to contact me. If I cannot be reached, I give my permission to the physician selected by an authorized staff member to hospitalize, and give proper treatment to my child if necessary for the safety and well-being of my child and other people at Camp.

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

- **I realize there are inherent risks involved in participating in activities at Camp and in signing this application I am accepting the risks *and promise to keep the Camp's rules and policies as stated above.***
- **I understand that a background check may be completed for me or I may be requested to *fill out an Initial Form.*** \*If you believe that this background check will disclose any other negative information, please attach an explanation of how the issue has been resolved and why we don't need to be concerned about it anymore.

*Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury according to section 18-8-503, C.R.S. and will be dealt with appropriately.*

***By signing below, you are consenting to the above guidelines unless otherwise noted.***

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Please attach:**

- ☐ Medical Packet (3 pages)
- ☐ Signed Job Description
- ☐ Certificate of Online Training Completion
- ☐ Signed Child Abuse Reporting Acknowledgement
- ☐ Receipt/Confirmation of Submitted Fingerprints
- ☐ Copy of Driver's License or Photo ID
- ☐ Staff Kid Registration (if necessary)

For office use only

Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Important Medical Packet Checklist

### PLEASE ENSURE THE FOLLOWING BEFORE CHECKING IN TO CAMP

- ☐ Camp has been notified if I have food allergies or special needs.
- ☐ All 3 Medical Packet forms are submitted or complete:
  - ☐ Statement of Health and Consent Form, signed by parent/guardian **and** physician
  - ☐ Medications Authorization Form, signed by parent/guardian **and** physician (this page is only necessary if you are under 18)
  - ☐ Immunization Record, a photocopy is acceptable. If not available, fill out the correct section of the page.
- ☐ All required physician and parent/guardian signatures are provided.
- ☐ All medications are in **original** pharmacy labeled bottles or over the counter containers. If brought in an unlabeled container or baggie, it might not be accepted by the nurse if you are under the age of 18.
- ☐ Inhalers and Epinephrine injectors **must have pharmacy labels** on the box or the inhaler/epi injector itself. If you need an extra label, contact your pharmacist or physician's office. Hand written names are **not** acceptable.
- ☐ Medication will **not** be accepted with an expired date.
- ☐ **ALL** medications must have a completed Medication Authorization Form for **each** medication provided. This form must be signed by the parent/guardian and physician. (the prescription section is only necessary if you are under 18)
- ☐ All medication must be turned in to the nurse upon arrival, including over the counter medication. There is to be **no** medication in Camper Cabins. If you will not be staying in a cabin with Campers or with staff who are under 18, you can keep your medication with you.
- ☐ Put all medications in a gallon size plastic bag with your name labeled on it.

## COVID-19 Protocols for 2021

Please complete the following documents:

- ☐ COVID-19 Screening Questionnaire (two needed, one 7 days before arrival at camp and the other before leaving for camp)
- ☐ COVID-19 Waiver

Please call Kendra England at (719) 469-5390 with questions or concerns.

# Camp Salvation Statement of Health, Medical Packet page 1 of 3

**This packet must be filled out and sent in every year for Campers and Staff, we are not allowed to reuse last years copy on file per Colorado Law.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

In case of emergency please contact (Primary Contacts):

1. Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name/Relation \_\_\_\_\_ Phone # \_\_\_\_\_

**Known Allergies and description of reactions:**

\_\_\_\_\_  
\_\_\_\_\_

Has the camper had any **Past Illnesses, Surgery, Accidents, or Chronic Health** problems we should know about? (This information is for the Camp Nurse's use)

\_\_\_\_\_  
\_\_\_\_\_

Describe any **physical condition** requiring the camp's special attention.

\_\_\_\_\_  
\_\_\_\_\_

Any other helpful information:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE DO NOT COME TO CAMP IF YOU ARE ILL OR HAVE LICE.**

**Parent Authorization:** I authorize Camp Salvation staff to obtain and provide medical care for me or my camper, to transport me or my camper to a medical facility, and to provide treatment they consider necessary for mine or my camper's health. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I agree to pay all costs associated with any medical care and or/transportation, including medial and/or airlift evacuation and related expenses.

**Parent/ Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Please attach a current physical if available. If a physical is not available, the following is to be filled out by a licensed Physician or other Health Care Professional that has seen the individual in the last 24 months.

**Health Care Provider: This section to be completed by your health care provider only:**

Date of exam: \_\_\_\_\_ Physician's Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Heart rate \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Respiratory System \_\_\_\_\_

**I verify that** \_\_\_\_\_ **Is cleared to participate in all Camp activities unless**  
**otherwise stated.**

**Health Care Provider** \_\_\_\_\_ **Date:** \_\_\_\_\_

Health Care provider's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

# Camp Salvation Medications Administration Form, Medical Packet page 2 of 3

(This page is only necessary for staff under the age 18)

Name: \_\_\_\_\_

In order for the Camp Nurse or first aid responder to administer medications they deem appropriate (and only according to their directions) please check any of these over the counter meds you would approve of:

\_\_\_\_ Acetaminophen (Tylenol)                      \_\_\_\_ Pepto-Bismol  
\_\_\_\_ Ibuprofen (Advil, Motrin)                      \_\_\_\_ Tums  
\_\_\_\_ Antibiotic Ointment (for minor abrasions)                      \_\_\_\_ Sunscreen                      \_\_\_\_ Bug Spray

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Administration of Prescription Medication

Separate forms are required for each medication

The parent/guardian of \_\_\_\_\_ asks that Camp Salvation Staff give the following medication \_\_\_\_\_ at \_\_\_\_\_  
(name of medication & dosage) (time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Camp Salvation agrees to administer medication prescribed by a licensed health care provider. Any unused medications will be available for parent pick up at the end of each camp week.

- **Prescription medications** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, along with the licensed health care provider's name. The pharmacy name and phone number must also be included on the label.

Pharmacists may provide a separate bottle with a complete printed label to keep at Camp Salvation.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with staff delegated to administer medication.

Parent/ Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

## Health Care Provider Authorization to Administer Medication

**(Every Form Must have this section signed by a Healthcare Provider)** This section must be filled out to give Camp permission to administer any prescription as well as the over the counter meds listed above.

Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider with Prescriptive Authority

\_\_\_\_\_  
Date

Clinic Name and Phone Number \_\_\_\_\_

# Camp Salvation Immunization Record or Exemption, Medical Packet page 3 of 3

(Please provide your immunization records or sign the appropriate section of this page. This is required for all staff)

Name: \_\_\_\_\_

Name _____	Date of Birth _____
<b>STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)</b>	
<b>IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.</b> <b>SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.</b>	
<b>MEDICAL EXEMPTION:</b> The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions. <b>EXENCIÓN POR RAZONES MÉDICAS:</b> El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud. <div style="text-align: right; margin-top: 10px;"><i><b>Medical exemption to the following vaccine(s):</b></i> <i><b>La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):</b></i></div>	
Signed (Firma) _____ Physician (Médico)	Date (Fecha) _____
<b>RELIGIOUS EXEMPTION:</b> Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations. <b>EXENCIÓN POR MOTIVOS RELIGIOSOS:</b> El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización. <div style="text-align: right; margin-top: 10px;"><i><b>Religious exemption to the following vaccine(s):</b></i> <i><b>Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):</b></i></div>	
Signed (Firma) _____ Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)	Date (Fecha) _____
<b>PERSONAL EXEMPTION:</b> Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations. <b>EXENCIÓN POR CREENCIAS PERSONALES:</b> Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización. <div style="text-align: right; margin-top: 10px;"><i><b>Personal exemption to the following vaccine(s):</b></i> <i><b>Exención por creencias personales de la(s) siguiente(s) vacuna(s):</b></i></div>	
Signed (Firma) _____ Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)	Date (Fecha) _____

# COVID-19 SCREENING QUESTIONNAIRE

**TWO (2) forms must be completed for EACH GUEST:**

- (1) Seven days prior to camp
- (2) The day boarding transportation to come to camp

TEMPERATURE READING: \_\_\_\_\_

NAME: \_\_\_\_\_

DATES ATTENDING

CAMP: \_\_\_\_\_

**In the past 7 days, has the above-named experienced any of the following?**

**Y or N** FEVER (100.4°F or 38°C or higher)

**Y or N** COUGH

**Y or N** SHORTNESS OF BREATH

**Y or N** FATIGUE

**Y or N** HEADACHE

**Y or N** SORE THROAT

**Y or N** MUSCLE ACHES

**Y or N** LOSS OF TASTE OR SMELL

**Y or N** NAUSEA, VOMITING, or DIARRHEA

**Y or N** Been exposed to anyone diagnosed, tested positive, quarantined, or isolated for COVID-19?

**If YES was circled above, please share details below:**

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I attest that the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Adult -OR- Parent/Guardian Signature

\_\_\_\_\_  
Date of Screening

## COVID-19 Waiver

In exchange for participation at Camp Salvation Bible Conference ("CAMP"), of 17422 County Road 11, Weston, Colorado, 81091 and/or the use of the property, facilities, and services of CAMP, I agree for camper (CAMPER), to the following:

**ASSUMPTION OF RISK.** CAMPER and family expressly understand and agree that CAMPER's use of CAMP's facilities and premises presents known and inherent risks to CAMPER regarding any potential and/or actual infection of Covid-19 and/or any related illness, the result of which may be both serious and minor, including but not limited to, cough, fever, pneumonia, hospitalization, and death. CAMPER and family are responsible for evaluating the risks that they may face. CAMPER and family has done so, and by signature below and engaging in CAMP activity, in exchange for the opportunity to voluntarily participate in the Camp Salvation Work Week, has assumed the risks and is responsible for their actions. CAMPER and family further recognizes, understands, and agrees that CAMP assumes no responsibility for any liability, damage, or injury relating to or resulting from Covid-19 that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after use of CAMP's facilities and premises by CAMPER.

**ACKNOWLEDGMENT OF SAFETY MEASURES TO BE UTILIZED BY CAMPER AND CAMP SALVATION.** CAMP hereby acknowledges that it will seek to take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include the following: cleaning and disinfecting publicly used spaces and providing hand sanitizer. CAMP will also stay apprised of any recommendations of the CDC and will consider action accordingly. Further, CAMP may remove any safety measures listed herein once the CDC or the United States, state, or local governments deem such measures are no longer necessary. CAMPER acknowledges that it will also take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include: ensuring that CAMPER does not have any symptoms of Covid-19 prior to entrance onto or use of CAMP's facilities and premises, use of handwashing and hand sanitizer on a regular basis while on CAMP's premises.

**INDEMNIFICATION AND HOLD HARMLESS.** CAMPER and family specifically understand that they are personally responsible for their actions and omissions, and any resulting sicknesses or injuries relating to or resulting from Covid-19 and agrees to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, CAMP, and its predecessors, successors, assigns, officers, directors, trustees, faculty, employees, volunteers, agents, and legal representatives, from any and all actions, claims, or demands that CAMPER, and assigns, have or may have for any and all sicknesses or injuries relating to or resulting from Covid-19, CAMPER may suffer or sustain, regardless of cause or fault, as a result of their voluntary decision to utilize the facilities and premises of CAMP, caused by any act or omission of CAMP and/or CAMPER, its employees, visitors, and volunteers resulting from utilizing the facilities and premises of CAMP.

**WAIVER OF CLAIMS.** In consideration of being allowed to utilize CAMP's facilities and premises, CAMPER, hereby waives any and all claims, demands, damages, actions, or suits, in law or in equity, whether heretofore or hereafter accruing, or whether now known or not known to the parties, which may arise from any negligent or grossly negligent act or omission of CAMP, or its predecessors, successors, assigns, officers, directors, employees, volunteers, agents, or legal representatives (collectively referred to herein as "Releasees"), including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to CAMPER'S use of and entrance upon CAMP's facilities and premises relating to or resulting from possible or actual exposure to Covid-19. Releasor further waives any and all liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from CAMPER's use of and entrance upon CAMP's facilities and premises. CAMPER and family acknowledge and agree that Releasees assume no responsibility for any liability, damage, or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after CAMPER'S use of and entrance upon CAMP's facilities and premises. By signing this agreement Releasor is giving up legal rights.

### For Adults:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

### For Minors:

I, the parent/gaurdian of \_\_\_\_\_, agree on behalf of the named minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority and custody of the above named minor.

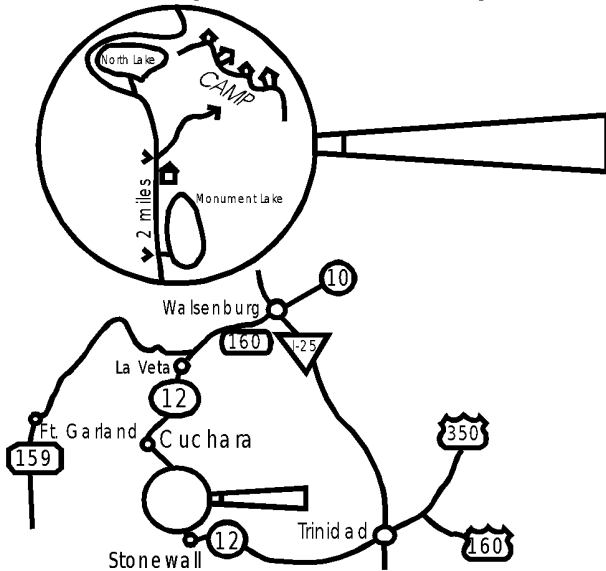
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



Please keep this page for your information.

## Map to Camp



\*In the case of suspected abuse, notify the Camp Director and Las Animas County Department of Social Services at (719) 846-2276. Complaints about child care. Contact the Camp director and Colorado Department of Human Services at (800) 799-5876.

Before June 1st, mail to:  
Kendra England  
7495 McLaughlin, Suite 205  
Peyton, CO 80831

After June 1st, applications may be mailed to  
Camp Salvation  
Attn: Tim Muth  
17422 County Road 11  
Weston, CO 81091  
Camp Phone: (719) 868-3361

### Camp Salvation 2021 Dates

Junior High Week 1: June 7-12

High School Week 1: June 14-19

Elementary Week 1: June 22-26

High School Week 2: July 5-10

Junior High Week 2: July 12-17

Elementary Week 2: July 19-23

### What to Bring to Camp Checklist:

- ☐ Excitement and a great attitude
- ☐ Bible, notebook, pens
- ☐ Sleeping bag
- ☐ Heavy blanket
- ☐ Pillow
- ☐ A fitted sheet to cover the mattress
- ☐ Personal hygiene items
- ☐ Towel
- ☐ Clothes in dress code
- ☐ Heavy jacket
- ☐ Rain jacket
- ☐ Shoes
- ☐ Hiking shoes

Rules for acceptance are the same for everyone without regard to race, color, national origin, sex, handicap or age.



Introducing Jesus Christ  
in the Heart of the Rockies