

For Office Use Only:
 Date application received: _____
 Date Interviewed: _____
 Status: _____



1880 W 275 N | Angola, IN 46703 | (260) 833-2786 | www.ljca.org | info@ljca.org

2019 Staff Application

Name _____ Phone _____ Email _____

Permanent Address _____
Street & Number City State Zip

School Address _____
Street & Number City State Zip

I am an immersed believer in Christ: Yes No I want to learn more about this

I am a member and attend church at: _____

Staff Position Desired (Please number 1st, 2nd and 3rd choice)

- Housekeeping Program Assistant Maintenance Assistant Operations Assistant
 Cooks Assistant Night Watchman Office Assistant Student Nurse Staff Supervisor
 Lifeguard (Do you have a current lifeguard certification? Yes/No. If no, would you be interested in taking the certification course? Yes/No) *Must be 16 or older to lifeguard the beach front

Please check any current certifications that you have: First Aid CPR Archery Riflery
 High Ropes Low Ropes Serve Safe Boating Other _____

Past Work History: Please provide a record of all employment (paid and volunteer).

Dates	Employer/ Supervisor	Contact Information	Nature of Work	Reason for Leaving

Work History Continued:

Dates	Employer/ Supervisor	Contact Information	Nature of Work	Reason for Leaving

Camp Experience:

Dates	Camp & Director	Contact Information	Experience	Camper or Staff?

Education: High School and Beyond

Years	School	Major Subjects	Minor Subjects	Degree

Please write a brief biography of your faith journey _____

Please list three references who are not related to you

1. Name _____ Phone # _____ Email _____
2. Name _____ Phone # _____ Email _____
3. Name _____ Phone # _____ Email _____

What contributions do you think you can make at a Christian Youth Camp? Please include any training or experience in camping, ministry, or other fields which may have a bearing on the position you are applying for.

Have you every been accused of abuse or harassment of any kind? Yes No
If Yes please explain: _____

Have you ever been convicted of a crime, other than a minor traffic offense? Yes No
If Yes please explain: _____

Do you give us permission to do a criminal background check? Yes No

Do you have a valid drivers license? Yes No

Have you had any traffic violations or accidents over the past 7 years? Yes No
(Note: a prior violation may not disqualify you for employment . The type of violation and when it occurred will be evaluated. Some camp positions require driving a camp vehicle.)
If Yes please explain _____

If hired what is the earliest date that you could begin work? _____

I would be available to start work by Monday June 3, 2019 Yes No

Time off needed: _____

I understand that my work will begin June 3, 2019 and completed on August 11, 2019. If necessary, I will arrange for days off well in advance. The time off I need during my employment is listed above. I also understand that this application is only the first step in applying for a summer job and I will be notified of further details. I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

Signature _____ Date _____

Continued on back...

Below is our consent and medical history card that we are required to have on file for campers and staff who stay or work on site. Some questions are camper specific and can be skipped. If younger than age 18 your parents signature is required. If age 18 or older your signature is required but your parents is not.

***Staff under the age of 18 are not permitted to stay overnight on site in our staff housing.**

CONSENT & MEDICAL HISTORY CARD

CONSENT

*I hereby give permission to LJCA to hospitalize, secure treatment for and to order anesthesia or surgery for my camper child. I understand however that every effort will be made to contact me in case of such an emergency, if possible, before any such medical treatment is administered.

*I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Lake James Christian Assembly, its staff, faculty, management or officers liable.

*I certify that all information given is complete and correct to the best of my knowledge.

*I Understand Camp Accident Insurance is Secondary!

*I DO NOT want my camper to participate in these sports Air Rifle Archery Paintball
 I DO NOT authorize LJCA to take and use any photograph or video of the camper named on this application as may be needed for its records or public relations.
 I DO NOT allow the camper named on this application to be photographed in the group picture.

Signature of Parent/Guardian _____
 Date _____

Signature of parents or guardian must be on this form before the registration will be processed.

MEDICAL HISTORY INFORMATION

Camper's Last Name _____ First Name _____ Camper's Birthdate ____/____/____

Year of Last Tetanus Booster _____ My child is current on all immunizations ___ yes ___ no

Please list any food, medication, insect or other allergies (you don't need to include seasonal allergies) and describe the reaction and management of the reaction.

Allergies to Foods: _____ Severity of Reaction: _____

Management: _____

Other Allergies: _____ Severity of Reaction: _____

Management: _____

Medical conditions or history to be aware of and please describe: Nothing marked indicates the camper has no medical conditions and is capable of full participation.

Medical Condition: _____ Explained: _____

Recent surgery, injury or permanent conditions that may restrict this camper's activities: _____

Optional: Any recent life changes?(death, divorce, homesickness, etc.): _____

These over-the-counter medications are stocked at LJCA, used to help manage common illness or injury, and dispensed by standing orders signed by LJCA's supervising physician. Some meds are listed as common brand names, though generic may be substituted. Acetaminophen, aloe vera, ibuprofen, antacid (Tums & Mylanta), antifungal spray, burn gel, Zyrtec, Benadryl (oral & ointment), EpiPen (used for anaphylactic reaction), hydrocortisone cream, Lanacaine 1st aid spray, Immodium Ad, Gold Bond medicated power, Midol, pain relief/ointment (Bengay/Biofreeze), Milk of Magnesia, Miralax, Nix, Sudafed, swimmer's ear drops, throat lozenges, tussin, tussin DM, triple antibiotic ointment, bacitracin ointment, Calamine lotion, orajel, sunscreen, docusate sodium (stool softener)

Please list medication(s) you DO NOT want your child to have: _____

Current Prescriptions/Non-Prescription Drugs or Medications: _____

Special Health/Behavioral/Physical Considerations or Limitations _____

Family Physician Name _____ Physician Phone _____

Health Insurance Company _____ ID # _____ Group # _____

Insured's Name: _____ Insured's Date of Birth _____

Alternate Contact _____ Phone _____ Relationship of alternate contact person _____