

INSTRUCTIONS FOR CAMP STAFF APPLICANTS
FOR FLORIDA MISSIONS ADVENTURE CAMP

1. Pray about God's plan for you regarding camp staff.
2. Fill out the entire application.
3. Make sure to give all requested information concerning references.
4. Sign and date.
5. Applications must be in our office no later than **April 7, 2010**.

2010 Missions Adventure Camp
(MAC10)

Orientation and Set-up Date (Required for all staff).	June 12-13
KidsMAC / Lake Yale	June 14-18
MAC10 / Lake Yale	June 14-18
(Note due to School system conflicts only 1 week at Lake Yale in 2010)	
KidsMAC / Blue Springs	July 5-9
MAC10 (Boys only Week)/Blue Springs	July 12-16
MetroMAC / Tampa Bay Conference Center	June 21-25

***For those not attending high school/college, please use work address/information.**

**MEN'S MISSIONS/MINISTRIES DEPARTMENT
 MISSIONS ADVENTURE CAMP
 FLORIDA BAPTIST CONVENTION
 1230 HENDRICKS AVENUE
 JACKSONVILLE, FLORIDA 32207-8696**

Name (Last, First, Middle) _____ Goes By _____ Social Security No. _____ Age _____

_____ (_____) _____ (_____) _____
 Date of Birth _____ Home Phone # _____ Cell Phone # _____

Home Address _____ Street _____ City _____ County _____ State _____ Zip _____

Driver's Lic # _____ State _____ Exp Date _____ E-mail _____

Your Address While At School _____ Street _____ City _____ State _____ Zip _____ Home Telephone _____

Name of School You Attend _____ Major _____ Tentative Voc. Choice _____
 If Graduating This Year Give Date _____ Minor _____

Date School Closes in Spring _____ Date School Opens in Fall _____ Place of Study Next Year _____

Name of Parent _____ Address of Parents _____ Street _____ City _____ State _____ Zip _____ Phone _____
 or Guardian _____

How do your parents feel about you serving in summer missions? _____

Present Church Membership _____ City _____ State _____ How long a member? _____ When did you first unite with your Church? _____

Church Convention Affiliation _____ What kind of mission work have you been involved in?
 ___ Southern Baptist _____ (i.e., Summer Missions, Sojourner, Special Projects)
 ___ Other _____

If you have now, or have had, any of the following, please indicate (explain in autobiography). _____ My Health is: _____ T-shirt size: _____
 ___ Excellent _____ Small
 ___ Asthma _____ Stomach Trouble _____ Good _____ Medium
 ___ Tuberculosis _____ Psychiatric Counsel _____ Fair _____ Large
 ___ Migraine Headaches _____ Allergies _____ Poor _____ XLarge
 ___ Mononucleosis _____ Other (Specify) _____ Hgt _____ Wgt _____ XXLarge
 ___ Physical Disability _____ Medications you require _____
 ___ Heart Trouble _____
 ___ Surgery in Past Year _____

Are you covered by Medical/hospitalization insurance? _____ Yes _____ No

If Yes, name the company and give policy number _____

List below the names, complete addresses and telephone numbers of four references as indicated. Substitute where necessary, but we must have four and prefer those listed if applicable.

PLEASE PRINT REFERENCES – FILL OUT COMPLETELY

1. PASTOR OR BSU DIRECTOR

Name

Address

City State Zip
Zip
Home Phone _____
Work Phone _____

2. DEACON or PROFESSOR

Name

Address

City State
Home Phone _____
Work Phone _____

3. SUNDAY SCHOOL TEACHER

Name

Address

City State Zip
Home Phone _____
Work Phone _____

4. YOUTH MINISTER

Name

Address

City State Zip
Home Phone _____
Work Phone _____

List last 2 places of employment with addresses, telephone numbers and names of Supervisors.

- 1. _____
- 2. _____

Please list below any clubs that you are a member of and any honors or recognitions you have received in school, church, community, etc. _____

PLEASE WRITE BRIEFLY WHAT YOU WOULD DO IN THE FOLLOWING SITUATIONS:

1. A camper comes to you for counseling. You are not sure if he is a Christian or not.

2. The boys in your cabin are “ganging up” on the others. They are disrespectful to you and uncooperative.

3. You are in the woods on a nature hike. A camper who is allergic to bees gets stung.

Do you: Smoke or use tobacco in any form? _____

Drink alcoholic beverages? _____

Take drugs other than those prescribed by a physician? _____ If yes, what? _____

Have you ever had any problems with drugs? _____ If yes, explain: _____

Do you hold an American Red Cross Life Guard Certificate? _____

W.S.I. Certificate? _____

First Aid Certificate? _____

CPR? _____

Why are you applying to serve in Missions Adventure Camp? _____

We realize that circumstances sometimes prevent staff from serving the entire camp season. We prefer you to work as many weeks as possible. **The 2010 camp season starts June 12 and concludes July 16.** Please mark the appropriate response pertaining to your availability.

___ I can work the entire 2010 camp season

or

I can work the following dates this 2010 camp season:

Orientation and Set-up at Lake Yale: ___ June 12-13

Lake Yale: KidsMAC/MAC ___ June 14-18

Blue Springs: KidsMAC ___ July 5-9 MAC ___ July 12-16

Tampa Bay: ___ June 21-25

Number, from 1-5 with 1 being the highest priority, the top five areas that you are most interested serving this year.

___ Archery ___ Air Rifles ___ Canoeing/Kayaking ___ Team Sports ___ Campcraft ___ Nature Study

___ Lifeguard ___ Adventure Rec./Ropes Course ___ Worship Music ___ Crafts (Leather, woodcraft and lacing)

Please list any valid Certifications you hold (example: Lifeguarding, WSI, Archery Instructor, CPR, First Aid, etc.)

Number, from 1-2 with 1 being the highest priority, what age cabin group you prefer to work with this year.

___ 3-5 Grades

___ 6-8 Grades

Missions Adventure Camp Medical Release Form

MAC Staff Information

MAC Staff's Name _____ Birthdate _____ Age _____

School/Work _____ Grade in 2010-11 _____ Date of Last Tetanus Shot _____

Home Address _____ City _____ Zip _____ Home Phone # _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

In Case OF Emergency Call:

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____

Allergies, medicines or medical information that needs to be known about the student (attach sheet if more room is needed):

Medical Insurance Information

Doctor _____ Phone _____

Insured Parent Name _____ Insured Parent Employer _____

Insurance Company and Address _____

Policy Number _____ Phone Number _____

Please attach copy of Insurance card.

I understand that in the event of a medical emergency, every effort will be made to contact the parent or guardian listed above if the MAC Staffer is under the age of 18. However, in the event that the above-named parent or guardian cannot be reached, I hereby authorize the sponsor (s) present on such trip, activity or event to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for the MAC Staffer and/or to order and have administered to him/her such injection, medication, anesthesia, surgery hospitalization or such other medical practices as is deemed necessary.

I further state I have listed above all known allergies and health problems for my child and any other information pertinent to his/her health, including medications he/she takes.

MAC Staffer Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Notary is Required:

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 200____, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person(s) named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC

My Commission Expires: _____



BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize the Florida Baptist Convention or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: _____ SSN: _____ - _____ - _____

Other Names or SSN Used: _____

Current Street Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Driver's License#: _____ State: _____ *DOB: ____/____/____

**DOB is optional and is only used for identification purposes in screening inquiries*

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse)

_____ DATES: _____ - _____

Street Address City State Zip from to

_____ DATES: _____ - _____

Street Address City State Zip from to

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

This includes but is not limited to pleas of guilty, nollo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: _____

DATE: ____/____/____

Client Ref: _____ **For Florida Baptist Convention Office Use ONLY**

Date Requested: _____
Fax to: 904.241.0601 or 877.835.5787

Please carry out the services indicated below:

<input type="checkbox"/>	Extensive Employee Screening Program	<input type="checkbox"/>	Basic Employee Screening Package
<input type="checkbox"/>	Extensive Volunteer Screening Program	<input type="checkbox"/>	Simple Volunteer Screening Program