



FOR OFFICE USE ONLY	
DATE RECEIVED _____	SESSION _____
VIRTUS _____	BKGRD CK _____ CODE _____
POSITION _____	
CR REF _____	

## 2016 ADULT STAFF APPLICATION

(Age 21 & Over)

### CONTACT INFORMATION (PLEASE PRINT CLEARLY—FILL IN FORM COMPLETELY)

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

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

Home Phone: \_\_\_\_\_ Email address for urgent communiqués: **REQUIRED** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Male  Female

Status: Single  Married  College Student  Seminarian  Religious  Priest

Parish Name: \_\_\_\_\_ City of Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

**T-SHIRT SIZE :** (Please Circle Your Size) **ADULT: S M L XL 2XL 3XL 4XL**

### STAFF POSITIONS

Number positions for which you are applying in order of preference (Qualifications for each position are given on a separate sheet)

	<b>Spiritual Director (Priest)</b>		<b>Music Director or Assistant</b>
	<b>Nurse</b>		<b>Waterfront Director or Assistant</b>
	<b>Assistant Camp Director</b>		<b>Crafts Director or Assistant</b>
	<b>Religious Formation Director or Assistant</b>		<b>Liturgy Director</b>
	<b>Maintenance Staff (Frederecktown only)</b>		
			<b>Nature Director</b>
			<b>Sports Director or Assistant</b>
			<b>Senior Counselor</b>
			<b>Assistant Cook</b>

### CAMP SESSIONS I AM AVAILABLE TO WORK

SESSIONS AT FREDERICKTOWN:	SESSIONS AT CASSVILLE:																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1F</b></td> <td style="width: 10%;"><b>June 12-17</b></td> </tr> <tr> <td><b>2F</b></td> <td><b>June 26 – July 1</b></td> </tr> <tr> <td><b>3F</b></td> <td><b>July 10-15</b></td> </tr> </table>	<b>1F</b>	<b>June 12-17</b>	<b>2F</b>	<b>June 26 – July 1</b>	<b>3F</b>	<b>July 10-15</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1C</b></td> <td style="width: 10%;"><b>June 26 – July 1</b></td> <td style="width: 10%;"><b>4C</b></td> <td style="width: 10%;"><b>July 17-22</b></td> </tr> <tr> <td><b>2C</b></td> <td><b>July 3-8</b></td> <td><b>5C</b></td> <td><b>July 24-29</b></td> </tr> <tr> <td><b>3C</b></td> <td><b>July 10-15</b></td> <td></td> <td></td> </tr> </table>	<b>1C</b>	<b>June 26 – July 1</b>	<b>4C</b>	<b>July 17-22</b>	<b>2C</b>	<b>July 3-8</b>	<b>5C</b>	<b>July 24-29</b>	<b>3C</b>	<b>July 10-15</b>		
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Number your session preferences in square to left of session listing in order of preference. Ex. Place #1 by your first choice, #2 by second choice, etc. Mark **ONLY** sessions that you **CAN** attend

### EXPERIENCE AND/OR QUALIFICATIONS

Have you attended Camp Re-NEW-All before? Yes  No  Last Attended: \_\_\_\_\_ Previous Positions Held: \_\_\_\_\_

Indicate your previous experience in children's programs (scouting, PSR, etc)

Please list your "special talents" (Red Cross, Jr. or Sr. Lifesaving, music, art, campfire activities, drama, etc.)

What experience have you had in the area for which you are volunteering?

**REFERENCE:** Name, Address & Phone of a person not related to you, whom you have known for at least one year

### CONSENT

By signing below I hereby warrant that to the best of my knowledge the information provided above is correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### IMPORTANT REMINDERS FROM THE CAMP OFFICE

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Application Deadline: <b>March 15</b></li> <li>Notification of acceptance mailed: <b>After April 15</b></li> <li><b>STAFF PLACEMENT IS AT THE CAMP DIRECTOR'S DISCRETION.</b></li> <li><b>10 business days notice of cancellation is required before refunds will be given</b> (Refunds processed after July 31)</li> <li>Applications online at: <a href="http://www.dioscq.org">www.dioscq.org</a> , Click on Offices/Ministries select Camp Re-NEW-All from drop down menu.</li> </ul> | <p>Applications may be mailed or faxed to the address or fax number below. Payment of camp fees will not be accepted at camp. Fees must be mailed to:</p> <p style="text-align: center;"><b>Camp Re-NEW-All</b><br/> <b>601 S Jefferson Ave</b><br/> <b>Springfield, MO 65806</b></p> <p style="text-align: center;"><b>FAX# 417-866-1140</b></p> <p style="text-align: right;"><b>You may also email completed applications to:</b><br/> <a href="mailto:rfrancka@dioscq.org">rfrancka@dioscq.org</a></p> |
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### SAFE ENVIRONMENT & BACKGROUND SCREENING INFORMATION

In compliance with diocesan policy, all adults who volunteer for Camp must attend the VIRTUS SAFE ENVIRONMENT TRAINING, complete the DIOCESAN BACKGROUND SCREENING, and sign the Diocesan Code of Conduct **PRIOR** to going to camp. The Code of Conduct must be signed each year; however, you are only required to complete the other two requirements once. If you are not sure, call the camp office at 417-866-0841.

Attended a VIRTUS Safe Environment training Yes  No

Background Check Completed Yes  No  Background Disclosure and Authorization submitted to \_\_\_\_\_  
(parish/school)

Code of Conduct Completed in 2016 Yes  No

*Background Disclosure and Authorization and Code of Conduct forms are available at the parish office or at [www.dioscg.org](http://www.dioscg.org) Return the completed forms to your parish office and fill in the background screening section on your Virtus Account - this can precede your camp application. Go to [www.virtus.org](http://www.virtus.org) to register for a safe environment training at which time you may complete the Code of Conduct and Background Authorization (a paper copy of this form still needs to be turned into your parish office.)*

### STAFF MEDICAL INFORMATION

Because our insurance covers all participants at Camp, we request that staff members fill out this form

Staff Name:	Address:	City/State/Zip:
Home Phone:	Cell Phone:	
Name of Emergency Contact:	Relationship:	
Emergency Contact Home Phone:	Emergency Contact Cell Phone:	
Doctor's Name:	Doctor's Phone:	
Health Plan Carrier:	Policy #:	

### MEDICAL HISTORY

(The diocese will take responsible care to see that the following information will be held in confidence)

Date of Last physical:	Date of last Tetanus (Required within last 10 years)
Food or drug allergies:	
Any medical conditions that might prevent participation in camp activities:	

List all Medications you will bring to camp and the directions for their use:

### PERMISSION FOR EMERGENCY CARE

I give permission to receive such emergency care as is necessary by the physician chosen by the Directors of Camp Re-NEW-All and agree to be responsible for all bills over and above those covered by camp insurance, which is secondary coverage.

Initial here if you agree: \_\_\_\_\_

### CODE OF BEHAVIOR

I hereby agree to abide by all pertinent Codes of Conduct. I will cooperate fully with any chaperones or leaders of this event and obey local laws and ordinances in addition to any special rules given to me. I understand that failure to comply with these expectations may result in me having to leave the program.

Initial here if you agree: \_\_\_\_\_

### PHOTOGRAPHIC RELEASE

I hereby release to the Diocese of Springfield-Cape Girardeau the rights of my photograph, image, likeness, and/or voice as recorded on video tape or film for the purpose of promotion, video, web site or publications of the diocese.

Initial here if you agree: \_\_\_\_\_

### CONSENT

By signing below I hereby warrant that to the best of my knowledge the information provided above is correct and I agree to the Emergency Care, Code of Behavior and Photographic Release.

Signature:	Date:
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