

BEECHWOOD HILLS CAMP STAFF APPLICATION 2007

Please print, and fill out completely.

Name _____ Age _____

Address _____ City _____

State _____ Zip _____ Phone (____) _____ Email _____

How long have you lived at the above address? _____

Date of Birth _____ Sex _____ Marital Status _____ Number of Children _____

Church Affiliation _____ Name of the Congregation Attending _____

Do you have experience in youth camp or similar work? _____ If yes, please explain: _____

Have you ever been a camper at Beechwood Hills? _____ When? _____

Why do you want to work at camp? _____

Do you have any physical or mental handicaps the camp Administrator should know of? _____ Explain: _____

Please check the week(s) you wish to work:

- Junior Week – July 8-14, 2007 (For grades 2 to 5)**
- Senior Week – July 15-21, 2007 (For grades 9 to 12)**
- Intermediate Week – July 22-28, 2007 (For grades 6 to 8)**

DENOTES GRADE JUST COMPLETED.

Desired Position. Please number all positions you would accept, in order of your interest, with 1 being your first choice.

	Director	Assistant Cook	Crafts Teacher
	Assistant Director	Kitchen Help	Archery Teacher
	Activity Director	Life Guard	Marksmanship Teacher
	Counselor	Engineer (Formerly C.I.T.)	Canteen Worker
	Assistant Counselor	Bible Teacher	Handyman
	Cook	Nature Teacher	Other

If you are accepted as staff and have children who are too young to be campers and you will bring them with you, please list their names and ages: _____

If accepted as a staff member, what is your housing preference? (Please check one.)

- Stay in staff housing on the hill or in a camper cabin.
- Stay in R.V. park.
- Stay at home and commute to camp.

All staff members are required to attend a staff orientation of last at least 3 hours. This is a state requirement. More details about orientation will be sent to you.

Have you ever been convicted of, adjudicated for, or are you now under investigation for a sex offense? _____

Driver's License # _____ **Social Security #** _____

I hereby certify that the information in this application is correct to the best of my knowledge. If accepted as a staff member, I understand I will be called on to help keep Beechwood Hills Camp a safe Christian environment. I agree to the rules set forth in the Staff Policy Manual, and to abide by the decisions of the camp administrator and directors.

STATEMENT TO COMPLY WITH DEPARTMENT OF CONSUMER & INDUSTRY SERVICES (1) OF ACT 116, PA1973.

I hereby certify that I, as a member of the Beechwood Hills staff having direct contact with children, **have not been convicted of an offense other than minor traffic violations** or as per the information given below. I also give my consent to have a criminal records check by the Michigan State Police and or the Department of Consumer & Industry Services, and/or a national background check.

Signature _____ **Date** _____

Each staff applicant must have three (3) references on file from someone other than a family member. One of these must be an elder, minister, teacher or church leader. Please make sure you have the correct address written. **PLEASE PRINT.** All comments and answers will be kept confidential and will be utilized by the Director and Administrator only.

REFERENCE FORMS WILL BE SENT TO THE FOLLOWING:

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Return your forms to:

BEECHWOOD HILLS CAMP
c/o Sheryl Porter
2712 Nighthawk Ave
Schoolcraft, MI 49087

Administrator's Phone Number: (269) 290-3825
Email: staff@beechwoodhills.org

CHECK T-SHIRT SIZE DESIRED	
<input type="checkbox"/> Small	<input type="checkbox"/> Extra Large
<input type="checkbox"/> Medium	<input type="checkbox"/> 2X
<input type="checkbox"/> Large	<input type="checkbox"/> 3X
Adult Sizes	

WORK HISTORY RECORD
Michigan Department of Consumer & Industry Services

Western Michigan Christian Encampment / Beechwood Hills Camp
License No. L-92-0070-03

Each staff member is to provide the Department with a complete work history for the last 5 years. The history is to indicate when a person has been self-employed or unemployed during any part of all of the last 5 years, and in such case is to include one (1) adult, non-relative reference giving name, address, and phone number. The reference must be able to verify the general activities of the person during the time indicated as self-employed or unemployed.

Staff Applicant: _____ **SS#** _____

Maiden Name _____

Employment History: List current to previous 5 years, consecutively, from last to first. Please print.

Name of Employer		Employer's Phone	
Employer's Address		Starting Date	
		Ending Date	
Supervisor's Name		Supervisor's Title	
Duties			
Name of Employer		Employer's Phone	
Employer's Address		Starting Date	
		Ending Date	
Supervisor's Name		Supervisor's Title	
Duties			
Name of Employer		Employer's Phone	
Employer's Address		Starting Date	
		Ending Date	
Supervisor's Name		Supervisor's Title	
Duties			
Name of Employer		Employer's Phone	
Employer's Address		Starting Date	
		Ending Date	
Supervisor's Name		Supervisor's Title	
Duties			
Name of Employer		Employer's Phone	
Employer's Address		Starting Date	
		Ending Date	
Supervisor's Name		Supervisor's Title	
Duties			

I certify that the information on this form is complete and correct.

Signature _____ **Date** _____

If more space is needed, please use the back of the form.

**EMPLOYEE HEALTH HISTORY RECORD
 REQUIRED BY THE MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
 FOR BEECHWOOD HILLS CAMP / WESTERN MICHIGAN CHRISTIAN ENCAMPMENT**

Name (Last, First, Middle):		
Sex:	Date of Birth:	Position at camp:
Address:		<u>Name of Camp</u> Beechwood Hills Camp / Western Michigan Christian Encampment
Telephone		<u>Mailing Address-County, City, Zip Code</u> Allegan County 3144 22nd St Hopkins, MI 49328

MEDICATION NEEDED OR USED (INCLUDING PSYCHIATRIC)

NAME OF MEDICATION	FREQUENCY	DOSAGE	CURRENTLY BEING TAKEN
			[] Yes [] No
			[] Yes [] No
			[] Yes [] No
			[] Yes [] No
			[] Yes [] No

List any allergies you have to food or medication:

Do you have any health problems including current infectious diseases? [] Yes [] No
 If yes, please explain:

Do you have any activity restrictions or physical limitations because of any physical defect or illness?
 [] Yes [] No If yes, explain the degree of restriction:

Physician's Name		Address (number & street	
City	State	Zip Code	Telephone
May we contact your physician regarding your physical condition? [] Yes [] No			

I certify that this information is true and to the best of my knowledge.

Signature _____ Date _____

PHOTOGRAPH AND VIDEO RELEASE

Last Name

First Name

Camper Release

I understand that my camper may be photographed or video taped while engaged in camp activities, and I grant permission for these images and voice recordings to be used in photographs available for purchase by campers and staff, brochures, reports, web site, and presentations used to promote the camp.

Signature Parent/Guardian

Date

Staff Release

I understand that staff members may be photographed or video taped while engaged in camp activities, and I grant permission for these images and voice recordings to be used in photographs available for purchase by campers and staff, brochures, reports, web site, and presentations used to promote the camp.

Staff Member Signature

Date

Signature Parent/Guardian

Date

(Minor staff members must also have the signature of a parent/guardian)