



Simonhouse Bible Camp

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Camps	_____

2011 PERSONAL INFORMATION FORM FOR SUPPORT STAFF AND SHORT TERM STAFF

Last Name: _____ First Name: _____ Birthdate ____/____/____
Month Day Year

Address: _____ Town: _____ Prov: _____

Postal Code: _____ Phone: _____ Email: _____

MB Health Reg. # (6 digit): _____ Health ID # : _____

Church Attending: _____ Member: Yes No

Emergency Contact Name: _____ Relationship: _____

Home Phone # () _____ Work Phone # () _____

Dates Available: _____ to _____

Position:

Counselor/CIT Cook Kitchen Helper Laundry Maintenance

Nurse - Level: _____, Exp. _____ Lifeguard - Level: _____, Exp. _____ (attach certification)

Speaker

Simonhouse Bible Camp is committed to child protection and safety from abuse and asks the following questions to ensure the protection of children in our care:

a) Have you ever been convicted for a criminal offense related to sexual, emotional or physical abuse?
 Yes No

b) Would you object to a Police Check or Child Abuse Registry Check by Camp Management?
 Yes No

Each staff position includes room & board. Remuneration ranges from volunteer for some positions to an honorarium for others.

- I wish to volunteer my time for this work.
- I will require an honorarium for my service (if applicable). SIN #: _____

Staff Medical Form

1. Are you subject to:

Asthma Diabetes Fainting Tonsillitis Convulsions Other

Please explain: _____

2. Are you allergic or sensitive to:

Penicillin Other Drugs Certain Foods Bee Stings

Please specify. Include responses if exposed and other pertinent information: _____

3. Are there any reasons for restricting your activity at camp?

No Yes

If yes, please explain: _____

4. Are you on any prescription medications?

No Yes

If yes, please list the NAME, DOSAGE, and TIME it is administered (send additional sheet if necessary):

TERMS & CONDITIONS OF EMPLOYMENT (including volunteers)

In accepting this position I agree to the following conditions:

- a. That the Executive Director reserves the right to dismiss a staff member who, in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. Possession of and or use of tobacco products, non-prescription drugs, and alcohol are strictly prohibited.
- b. That while every precaution is taken for the safety and good health of our staff, Simonhouse Bible Camp and its personnel and board members, are hereby released from any liability arising from any accidents or injury caused by the staff members participation in the camp program. Each staff member must be insured by Provincial Health or equivalent medical insurance.
- c. That I will abide by the guidelines and expectations of behavior, and conduct, as explained during the Staff Training session and noted in the Staff Manual.
- d. That I will submit all necessary documentation required to become a staff member of Simonhouse Bible Camp.
- e. That I give Simonhouse Bible Camp permission to use pictures and/or videos of the staff member for promotional purposes.
- f. That Simonhouse Bible Camp is not responsible for the loss or damage of staff members' personal goods.
- g. That during any time off I am responsible for my actions according to the policies of the Staff Manual while on site or off and I understand that Simonhouse Bible Camp assumes no responsibility for choices and travel plans that I enter in to.
- f. That I give the Executive Director the right to arrange for any special services or medical attention necessary for the staff members' welfare and good health including injection, anesthesia or surgery. In such a situation the camp will attempt to notify the spouse, parent or guardian as soon as possible. The staff member, parents or guardians are responsible for any additional expenses that may result from such services.
- g. That I give the First-Aid/Nursing staff the right to administer the use of any non-prescription drugs to the staff member and relevant emergency treatment such as CPR, epi-pen, etc.
- h. That all prescribed medication, brought to camp by the staff member, must be in the **ORIGINAL PRESCRIPTION BOTTLE**. If the medication is not in the original bottle or the label is not legible IT WILL NOT BE ADMINISTERED.

I affirm that the information given is correct and accurate. I have carefully read the Terms & Conditions of Employment and agree to abide by it .

Signature: _____

Date: _____

Signature: _____
(Parent/Guardian if under 18)

Date: _____