

# FORT FAITH BAPTIST CAMP PERSONNEL RECORD

GROUP: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

POSITION WITH ORGANIZATION: \_\_\_\_\_

POSITION AT CAMP (i.e. vol., staff, member) \_\_\_\_\_

PLEASE IDENTIFY TRAINING AND CERTIFICATIONS RECEIVED AND THE ORGANIZATION THAT DEVELOPED THE COURSE (i.e. Red Cross, YMCA, and BSA: (ATTACH COPIES))

EXPIRATION DATE	LENGTH OF COURSE	ORGANIZATION
_____	_____	ADVANCED LIFE SAVING
_____	_____	CPR
_____	_____	LIFEGUARD
_____	_____	BASIC WATER SAFETY
_____	_____	WATER SAFETY INSTRUCTOR
_____	_____	FIRST AID
_____	_____	OTHER
_____	_____	OTHER

PLEASE LIST NUMBER OF PREVIOUS CAMP EXPERIENCES:

Experience as an adult leader at a summer camp? \_\_\_ WEEKENDS \_\_\_ WEEKS \_\_\_ YEARS \_\_\_ SEASONS

Experience as a camper at camp? \_\_\_ WEEKENDS \_\_\_ WEEKS \_\_\_ YEARS \_\_\_ SEASONS

Have you ever been convicted of anything other than a minor traffic violation? \_\_\_ YES \_\_\_ NO

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: (Must have reference signature to use)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

I HAVE REVIEWED A COPY OF AND UNDERSTAND THE POLICIES CHECKED BELOW.

\_\_\_ Job Description      \_\_\_ Child Protection Law      \_\_\_ Discipline Policy  
\_\_\_ Emergency Procedures      \_\_\_ Other \_\_\_\_\_

ADHERENCE TO POLICIES:

I have reviewed and read the above stated policies and understand them fully and agree to adhere to the policy as stated. I also state that the information above is correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# FORT FAITH BAPTIST CAMP Health History Record

**STAFF MEMBER'S NAME:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F

**PERSONAL PHYSICIAN'S NAME:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

May we contact your physician regarding your physical condition? Yes No

## **CURRENT HEALTH ISSUE AND HISTORY:**

List any allergies you have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any health conditions you have, including current infectious diseases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List physical limitations, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medication you take regularly:

<i>Name</i>	<i>Frequency</i>	<i>Dosage</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TB Skin Test Results:

Date: \_\_\_\_\_ Type: \_\_\_\_\_ Results: \_\_\_\_\_

## **EMERGENCY CONTACT:**

First Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

This health history is correct insofar as I know. I'm capable of performing the essential functions of my job and participating in assigned work duties. I understand my health information will be used by the camp nurse in providing care to me and may be reviewed by the Director or others as deemed necessary.

Signature of Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_