

Name: _____

Age _____

Summer 2019



Qualification for Camp His Way Workers

Christians who are in the places of responsibility in the camp are required to be examples in faith, conduct, and business affairs. To maintain a high standard for workers is one of the best ways to present Christ to the visitors of our camp. Therefore, the following guidelines will be required of any person who works with Camp His Way.

1. Must be in agreement with the mission statement for Camp His Way.
2. Be a member of a church, or in the membership process, or a faithful attendee.
3. Be able to commit to work at least 4 weeks in the summer (see page 9-10 calendar).
4. Return this Camp Worker Application to camp before April 30.
5. Be loyal to the camp leaders and the camp program.
6. Be faithful in your assigned positions.
7. Live a separated Christian life.
8. Have a servant's heart.
9. Be at your designated post on or before starting time.
10. Be neat in your appearance.
11. Attend Levite Orientation (5pm May 24- 3pm May 27) and complete appropriate training.
12. Your home life must be in order. (such as you aren't running away)
13. Go through a personal interview as well as present 2 evaluations/ reference letters.
14. Be at least 15 years old or have prior permission and work the weekend camp prior to Orientation (May 17-19) to be a Jr. Levite (14 years old).

Please read and sign:

I have read the above qualifications and pledge to keep them to the very best of my ability.
I clearly understand that failure to keep any above qualifications is grounds for dismissal.

Signed: _____ Date: _____

CAMP WORKER APPLICATION

(CONFIDENTIAL)

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the camp provide a safe and secure environment for those children and youth who participate in our program and the use of our facilities. You are to complete this application yourself without any influence of others.

____/____/____
DATE

Name _____ Goes By _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____ E-mail _____

T-Shirt Size _____ Birthday (mm/dd/yyyy) ____/____/____ Marital Status _____ No. Children ____

What Church are you a member of? _____ How Long? ____

How would you rate your spiritual life right now? 1 - 5 ____

What would you like it to be at the end of the summer? 1 - 5 ____

DO YOU BELIEVE:

In the virgin birth and the deity of our Lord Jesus Christ?	Y	N
That Jesus is God's son and the only sacrifice for sin?	Y	N
That man must be born again to receive eternal life?	Y	N
In eternal reward for the believer? (Heaven)	Y	N
In eternal damnation for the lost? (Hell)	Y	N
In the infallibility of the scriptures?	Y	N
That Jesus rose from the dead?	Y	N

Have you ever gone on a mission trip? _____ Where? _____
What has your experience and what did you learn? _____
What were your responsibilities? _____

Have you ever attended, worked or served at another camp before? _____
Where and how long? _____
What were your responsibilities? _____

List any churches you have attended regularly during the past 5 years:

What does it mean to be a Christian? _____

What activities, organizations, people or events have been meaningful to you in your growth as a Christian?

List any gifts, callings, training, education or other factors that have prepared you for this work:

Have you ever led a child to Christ? _____

How have you helped in children's ministry before? _____

With what church or organization? _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to children and camp activities? _____

Have you been accused of child abuse or a crime involving:

Actual or attempted sexual molestation of a minor?

Y N

Have you been involved in homosexual activity?

Y N

Do you smoke or vape?

Y N

Do you drink alcoholic beverages?

Y N

Use illegal drugs?

Y N

Have you ever been convicted of a felony or a misdemeanor?

Y N

What are your personal views on the following?

Listening to secular music _____

Watching "R" rated movies _____

Alcoholic beverages _____

Pre-marital sex _____

INDICATE AREAS OF INTEREST

- | | | | |
|---------------|------------------------|--------------------|------------------------|
| _____ Archery | _____ Boating | _____ Snacks | _____ Dramas |
| _____ Nurse | _____ Challenge Course | _____ Pellet Range | _____ Fishing |
| _____ Crafts | _____ Biking | _____ Counselor | _____ Field Games |
| _____ Nature | _____ Waterslides | _____ Kitchen | _____ Lifeguard |
| _____ Hiking | _____ Praise & Worship | _____ Cleaning | _____ Office |
| _____ Animals | _____ A/V/Tech | _____ Photography | _____ Shop/Maintenance |

Other areas you are interested in: _____

Certifications:

If No are you willing to be?

CPR	Y	N	Expiration date _____	Y	N
First Aid	Y	N	Expiration date _____	Y	N
Lifeguard	Y	N	Expiration date _____	Y	N
(We will reimburse your training fees the percentage that you work a summer.)					
Waterfront	Y	N	Expiration date _____	Y	N
Ropes Course	Y	N	Expiration date _____	Y	N
Boater's Ed	Y	N	Expiration Date _____	Y	N

You will probably be required to do the following, what will be your response?

- 5 – Would Enjoy
- 4 – Would gladly do without complaint
- 3 – Although I have no experience I would try to learn and do my best
- 2 – Would rather not
- 1 – Ummm **no way...**

Wash Dishes	5	4	3	2	1
Clean tables and dining hall	5	4	3	2	1
Work in Kitchen	5	4	3	2	1
Take out trash and leftovers	5	4	3	2	1
Pick up trash from dorms and campgrounds	5	4	3	2	1
Unstop or unclog messy toilet	5	4	3	2	1
Mow grass or use a weed eater	5	4	3	2	1
Work in snack-shack	5	4	3	2	1
Keep your area neat and clean	5	4	3	2	1
Clean-up after untidy campers	5	4	3	2	1
Supervise campers at activities	5	4	3	2	1
Scoop horse poop	5	4	3	2	1
Work long hours in hot sun	5	4	3	2	1

ESSAY

Please explain why you want to come to camp, what you expect to contribute to the camp, what you expect to get out of this summer, and why you think you would make a good example for the kids to follow. Your detail may be a determining factor for how long you are allowed to schedule. Please complete appropriately.

JOB HISTORY

Current employer: _____ How Long? _____ Phone Number _____

Supervisor: _____ Main responsibilities there: _____

List previous employers:

Company _____	Supervisor _____
Phone _____	Reason for leaving _____

Company _____	Supervisor _____
Phone _____	Reason for leaving _____

PERSONAL REFERENCES

(NOT FORMER EMPLOYERS OR RELATIVES)

Two letters of reference are required for all new applying Levites. You may have them sent to camp, in addition to the letters, two evaluation forms are included at the end of this application, please have your References fill them out and send them in.

Name _____	Phone _____
Address _____	
Name _____	Phone _____
Address _____	

FOCUS and PHONE COMMITMENT

At Camp your priorities should be 1 - God and 2 - the kids. We have seen what happens when people get distracted from God and focus on another person, specifically a person of the opposite sex. That is why we are asking you to commit your summer, (the time you spend at Camp) to God and the kids only. This means any staff member who is flirting or spending noticeably more time with a person will be reprimanded and considered for a strike. God can and will do so much in you at camp. It is a place where you can grow so close to Him as you minister to others. We ask you to commit yourself to this so you realize that the importance of your relationship with God is so valuable. When you take this step, it places you in charge and teaches you self-discipline, it gives you opportunity to please God and also to be amazed by what He will teach you and show you when you are devoted to Him. We have these rules in place for you and your spiritual growth. But when you understand, accept and apply them on your own it will be much easier than just trying to make you obey them.

I understand that summer camp requires a deep commitment to God and my mission to minister to the campers. In honor of this I pledge to keep my social contact to a minimum while in the camp's mission field. I will always turn in my phone/iPod and any other media devices upon arrival at camp. On Sunday afternoons I will contact only my parents/guardian to check in. I understand that violation of this policy by not turning in my device or using it for any other reason will result in an immediate strike.

Signed _____

Rules for Camp His Way Volunteers

- No flirting, dating, or PDA (Public Display of Affection).
- Being sent home for any reason takes away special get-together privileges.
- No cell phone use at all during the week (Monday morning – Sunday afternoon); you may call family only on weekends. Limited use of camp phone allowed only on the weekends.
- No media (internet, music, video games, television, ect.) at all, you must turn in any music, media, phones and the like to the office on arrival and before curfew on Sundays.
- Do not ever leave the camp property without permission.
- Failure to turn in phones will result in a strike. No warnings.
- Personal space in the dorms must be kept neat and clean.
- Only 1 load of laundry to be washed per weekend (Friday after 3pm - Monday 9am).
- One towel per person per week.
- Levite curfew is the same as camper curfew. Lights off after the trumpet blows! Do not leave dorm room until scheduled wakeup.
No more talking or flashlights.
- Respect others sleep – it is precious during the summer.
- Camp office is for official business only; it is off limits otherwise.
- Guys in guy's dorm; girls in girl's dorm. No exceptions.
- Girl's shorts must be no shorter than fingertip length. No leggings. Capri's or pants for chapel time.
- Girls must wear one piece swim suits with shorts. If you have a two piece, it must be worn with shorts and shirt over it.
- Guys must wear shirts unless at water activities with only boy campers.
- No nose rings, tongue rings, eyebrow rings, spacers of any kind, or mouth jewelry. No display of tattoos or crazy haircuts/colors.
- On your scheduled weeks, you must be at the camp on Monday before 10am. You can ask if there is space available for the weekend to come early. If you live more than 2 hours away, ask us ahead of time for specified permission for later times.
- We have camp on the weekends as well, for this reason arrival and departure times for Levites will be on Sunday afternoons. You must get special permission to leave other than this time.
- ***There is to be no gossip, disrespect, rumors, disobedience or discord spread.***
- You must live your life as an example to the campers that any parent would approve you as a personal mentor.
- Violation of these rules and others added to it will result in an official "strike". If you receive three strikes you will be sent home and not allowed back that summer or the next summer.

Can you represent to campers that you as Camp His Way staff do not condone drugs, tobacco, alcohol, pre-marital sex, homosexual activity, on and off duty? Circle: Yes or No

We expect integrity, loyalty and honesty. You will be happy to be a part of a ministry where all members are loyal to each other. Each worker agrees to report immediately any deviation from the camp's rules, policies, and practices by a camper or fellow camp worker. Such should be reported to the director for prayerful and loving consideration and action. When these are dealt with openly and considerately, God can use the situations to produce growth in the life of each person concerned.

I have read the above rules and agree to them. I also realize that they may be modified from time to time.

Applicant's Signature

Parent's Signature

APPLICANTS STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any reference or church listed in this application to give Camp His Way any information they may have regarding my character and fitness for children's work. I release all such references from the liability for any damage that may result from the furnishing such evaluations to you and I waive any right that I have to inspect the references provided on my behalf. Should my application be accepted, I agree to be loyal to the camp director and camp policies of Camp His Way. I agree to refrain from unscriptural conduct in the performance of my services on behalf of the Camp.

As a volunteer applicant for Camp His Way, I have been requested to furnish information for use in determining qualifications. In this connection, I do hereby authorize the release and full disclosure of any information that you may have concerning my volunteering with your organization.

I authorize you to release information about my background including, but not limited to, information as to my employment, education, military service, driving record, criminal record and/or public records history to those employees and agents of Camp His Way who require such information in order to make a decision with respect to any matter pertaining to my status as a Levite.

I hereby release Camp His Way, its employees and anyone acting on behalf of your organization from any and all claims, liability and/or damage of any nature with may result from furnishing the information requested, including, but not limited to, claims of negligence.

Signature _____ Date _____

Printed Name _____

Driver's License Number _____

Social Security Number _____

As youth workers, aware of contemporary culture, we know there is a high probability our campers and their parents will explore staff networking sites and personal blogs after camp. It is very important to us that you and your site(s) reflect Jesus; after all we want staff who imitate Jesus year-round not just in our summer camp setting. Therefore, as part of our Levite Application we ask for URL's for your personal blogs and accounts on social websites such as Facebook, Twitter, Instagram, Snapchat, YouTube, etc. We hope you will see this as good accountability integral to mutual discipling. Please initial here to indicate that you have complied with this request and list such addresses below.

Please print sites clearly _____

CAMP HIS WAY VOLUNTEER LIABILITY RELEASE FORM

Name _____ Birth Date _____

Name of Parent(s)/Guardian(s) _____

Address _____ Phone _____

City _____ State _____ Zip _____

In Case of an Emergency, Please Contact:

Name _____ Relationship to Volunteer _____

Address _____

Home # _____ Work # _____

Name _____ Relationship to Volunteer _____

Address _____

Home # _____ Work # _____



I, _____ (print name), give permission for my son/daughter, _____ (print participant's name) to attend Camp His Way. My child has permission to engage and work in all camp activities and trips undertaken by a group or the entire camp. I have received and read the letter to the parents. My child agrees to abide by the guidelines and rules stated by Camp His Way. I understand that Camp His Way or any staff will not be liable if my child fails to cooperate with the guidelines and rules, and that any infraction of the rules may result in immediate dismissal from Camp His Way at my expense. I give permission to Camp His Way to use my child's photo and/or video for publicity purposes whenever and wherever they see fit.

The health history is correct and complete as far as I know. If needed for health reasons, I give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for the participant, as may be necessary, including, but not limited to X-rays, routine tests and treatment, and/or hospitalization. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I hereby agree (pursuant to 45 CFR 164.510(b)) to the disclosure to camp representative of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of this participant's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician or medical staff person selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied (if needed) for trips away from camp.

My signature below signifies that I have read, understand and agree to all of the above stated. It signifies that I agree not to hold Camp His Way or any of its sponsors, volunteers, or staff responsible for any accident, injury, illness, or death incurred by my child while participating in any activity of this camp. I also agree to accept any and all financial responsibility as a result of medical treatment.

_____ (Signature of Parent/Guardian) _____ (Date)

I agree to all stated above for myself:

_____ (Signature of Participant, if 18 Years of Age or Older) _____ (Date)

Name: _____

Age _____

SCHEDULING CALENDAR

Circle or **Highlight** the sessions that you will be available to work.

This year staff will work for 5 sessions of 2 week periods (the first session is 3 weeks).

Arrival times are on the Sunday evening after 5pm or Monday morning at 10am of the beginning session.

Departure times are the last Friday of the session after 5pm.

Please try not to leave early so we can get the camp cleaned up. – You **must** make plans to go home (*your* home) in between sessions. The camp will be empty – you may **not** stay at camp. These are the already blacked out dates.

This does not mean you are scheduled for those weeks; we will schedule everyone during orientation weekend.

If you are coming with your church group as a counselor or helper – not as a Levite – it does not count as one of your committed weeks.

Also, ~~strikeout~~ any dates that might not be able to work with an explanation.

Remember that Orientation from May 24-27 is mandatory Friday 5pm-Monday 3pm.

May/June 2019

S	M	T	W	T	F	S
					24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

← Session 1
May 28-June 14
Three weeks

← Session 2
June 17-28
Two weeks

July 2019

S	M	T	W	T	F	S
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

← Session 3
July 1 – 12
Two weeks

← Session 4
July 15-26
Two weeks

August 2019

S	M	T	W	T	F	S
28	29	30	31	1	2	3
4	5	6	7	8	9	10

← Session 5
July 29-August 9
Two weeks

EXAMPLE CALENDAR

BELOW IS HOW YOUR CALENDAR SHOULD LOOK:

May/June 2009

	S	M	T	W	T	F	S
Can't work here, in school	24	25	26	27	28	29	30
	31	1	2	3	4	5	6
Available if needed -->	7	8	9	10	11	12	13
	14	15	16	17	18	19	■
	■	22	23	24	25	26	27
	28	29	30				

July 2009

	S	M	T	W	T	F	S
Can't work this week - missions trip				1	2	3	4
	5	6	7	8	9	10	■
	■	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	■

August 2009

	S	M	T	W	T	F	S
Available till school starts	■	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Levite 2019

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:
 Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
 Other, *please explain in space.*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number (____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____
First Middle Last
 (For Camp Use) Cabin or Group _____
 (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
------------------------	-------------	---

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

- Medication:**
- This camper will not take any daily medications while attending camp.
 - This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimate) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____

Phone: (_____) _____

Name of dentist(s): _____

Phone: (_____) _____

Name of orthodontist(s): _____

Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

Recommendations for Licensed Medical Personnel

FORM 2

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

american **CAMP** association®

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) (_____) (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s)

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- | | |
|---|--------------------------------------|
| Acetaminophen (Tylenol) | Calamine lotion |
| Ibuprofen (Advil, Motrin) | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE) | Laxatives for constipation (Ex-Lax) |
| Pseudoephedrine (Sudafed) | Hydrocortisone 1% cream |
| Chlorpheniramine maleate | Topical antibiotic cream |
| Guaifenesin | Calamine lotion |
| Dextromethorphan | Aloe |
| Diphenhydramine (Benadryl) | |
| Generic cough drops | |
| Chloraseptic (Sore throat spray) | |
| Lice shampoo or scabies cream
(Nix or Elimite) | |

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (**list**):

To medications: (**list**):

To the environment (**insect stings, hay fever, etc. – list**):

Other allergies: (**list**):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (**name, dose, frequency—describe below**)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

What to Bring

Twin size bedding or sleeping bag / pillow
Durable shoes for camp activities
Quality water shoes for lake activities (not Crocs, not flip flips)
Swim suit (ladies modesty is the key, cover-ups can help)
1-2 work shirts, modest shorts, jeans/pants for chapel (capris work for girls)
Underclothes and socks (duh)
Bible
Optional – flashlight/personal lifejacket (PFD)
*Write you name on everything. Abandoned property is donated/discarded.

What to NOT Bring

Technology – media players, phones, televisions, computers etc.
All phones need to be turned in to office on arrival.
No fireworks, lighters, matches, airsoft, weapons or prank materials of any sort.
No food in the dorms.

IMPORTANT DATES

May 17-19– Trial weekend for newbies and 14 year olds
May 24-27 – Mandatory Orientation (5pm Friday-3pm Monday)
May 28-June 14 – Session 1
June 14-16 - Rest Weekend
June 17-28 - Session 2
June 28-30 - Rest Weekend
July 1-12 – Session 3
July 12-14 - Rest Weekend
July 15-26 – Session 4
July 26-28 - Rest Weekend
July 29 - August 9 - Session 5

CAMP CONTACT INFO

Location and mailing: 561 McGilberry Rd, Zavalla, TX 75980
Email (most monitored) – info@camphisway.com
Phone – 936-897-9974
Parents can send messages to you by going to the website:
www.camphisway.com and clicking “Email your campers”

CAMP HIS WAY – Zavalla, Texas

REFERENCE and EVALUATION FORM FOR APPLYING VOLUNTEERS

_____ has applied to be a Levite at Camp His Way. We desire people with integrity, initiative, cooperativeness, wholesomeness and energy. Levite duties include close contact with young people and being a positive role model. Because of the sensitivity and importance of a position working with impressionable young people, we would appreciate your candid opinion of this applicant. Thank you.

How long have you known this applicant and how? _____

Would you be satisfied if your child were under the applicant's leadership, influence and overnight care?

Please rate the applicant in the following areas. In order to have a base for your ratings, please consider **Excellent** as meaning "the best I've ever seen or hope to see" and **Good** as "usually good".

	Excellent	Good	Acceptable	Poor	Not Known
Maturity					
Common Sense					
Dependability					
Honesty					
Initiative					
Leadership					
Cooperation					
Communication Skills					
Patience					
Loyalty					
Self-Confidence					
Enthusiasm					
Health					
Appearance					
Self-Control					
Judgment					
Politeness					
	Never Apparent	Rarely Apparent	Sometimes	Often	Not Known
Laziness					
Procrastination					
Criticalness					
Impracticality					
Domineering Manner					
Rebelliousness					
Irritability					
Discouragement					
Moodiness					
Depression					
Argumentativeness					

On the back of this form, please tell us as much as you can about the applicant and why you think he/she should or should not work at camp. (Letter of Recommendation)

Printed Name _____ Title _____ Ph. _____

Signature _____ Date _____

Please return by any means to Camp His Way:

561 McGilberry Rd • Zavalla, TX 75980

info@camphisway.com - Fax 936-897-3274

CAMP HIS WAY – Zavalla, Texas

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