CHRISTIAN HEIGHTS, INC.

9414 Dutch Hill Road, Little Valley, NY 14755
Telephone: (716) 938-6800

Staff Application

RETURN TO: Dianne Fazzolari, 589 Morgan Drive, Lewiston, NY 14092

Name: _____Circle your T-shirts size: S M L XL XXL
Address: _____City: _____State: _____
Zip Code: _____Phone: (____)_____ Cell Phone: (____)_____Birthdate: _____
Email: _____Last Education Completed: _____

How many pre-campers will you pre-register at $30 each (before June 1)?: _____Ages: _____
How many campers will you pre-register at $30 each (before June 1)?: _____Ages: _____

Camp, or related, experience, special skills, and certificates:
_____

Positions available (Check as many as you are interested in):

❒ Assistant Camp Director
❒ Counselor
❒ Pre-camper Counselor
❒ Bible Instructor
❒ Chapel Leader
❒ Chapel Music
❒ Campfire Leader
❒ Campfire Music
❒ Overnight Camp-out Leader
❒ Health Director
❒ EMT
❒ Registered Nurse
❒ Water Safety Instructor
❒ Life Guard
❒ Maintenance
❒ Activities Instructor
❒ Arts & Crafts
❒ Sports Instructor
❒ Kitchen Coordinator
❒ Kitchen Head Cook
❒ Kitchen Staff
❒ Kitchen Hygiene Leader
❒ Kitchen Hygiene Worker
❒ Canteen Overseer
❒ Cell phone Overseer
❒ Other: _____

Which week(s) are you available (Circle): 1st week 2nd week

Have you ever been arrested? _____If yes, Why? _____
Have you ever been convicted of child abuse? _____

New York State requires that you submit references, which must be contacted, and that the Division of Criminal Justice Services Sex Offender Registry clears your name.
No family members please; Adults only.

Name: _____Phone:(____)_____Relationship: _____

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Name: _____Phone:(____)_____Relationship: _____

Christian Heights Camp is designed to tell children of Jesus' love, to practice Jesus' love and to stimulate growth in his love. Please read and complete the following:

I believe the scriptures: "Truly, truly, I say to you, unless a person is born of water and of the Spirit, he cannot enter into the Kingdom of God." (John 3:5) "For God so loved the world, that he gave his one and only son, that whoever believes in him will not perish, but have everlasting life." (John 3:16)

I am concerned with proclaiming Jesus as Savior and I try to follow God's example in my daily life. I will assume the described responsibilities of my position. I understand that I am to work in close relationship with the Board of Directors of Christian Heights, Inc., and its designees.

I have completed the application above in full. I am in acceptable physical and mental health for camp work and have the energy and emotional stability necessary to fulfill my responsibilities. I understand that I must attend a CHC orientation this year, which includes training on child protection in order to be eligible to work at Camp.

Signed: _____Date: _____

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CHC STAFF HEALTH FORM **(CONFIDENTIAL - FOR MEDICAL DIRECTOR)**

STAFF: _____ DATE OF BIRTH __/__/__ AGE ____ SEX____
LAST NAME FIRST MI

ADDRESS: _____ TELEPHONE _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

PARENTS/GUARDIANS: _____ WORK/CELL PHONE: _____
(If under 21) _____ WORK/CELL PHONE: _____

HEALTH INSURANCE INFORMATION (please fill in or attach copy of insurance cards)

INS. CO. 1. _____	CO. 2. _____
POLICY/ID NO. _____	_____
GROUP NO. _____	_____
VERIFICATION PHONE NO. _____	_____

PHYSICIAN'S NAME: _____ TELEPHONE NO.: _____
ADDRESS _____

EMERGENCY CONTACTS:

NAME: 1. _____	2. _____
RELATIONSHIP: _____	_____
ADDRESS: _____	_____
_____	_____
TELEPHONE _____	_____

****

ALLERGIES
Hay Fever____ Penicillin____ Insects_____ Foods _____
Other _____

MEDICATIONS
Will it be necessary for you to take medications during camp? ____
If yes, is the medication prescription or non-prescription? _____
Name of medication(s): _____ Dosage: _____ When taken: _____
Physician's orders: _____
Physician's signature: _____ Date: _____

STATE ANY SERIOUS INJURIES OR OPERATIONS: _____
CHRONIC OR RECURRING ILLNESS: _____
ANY SPECIFIC ACTIVITIES TO BE ENCOURAGED: _____
ANY RESTRICTIONS ON ACTIVITIES: _____
FEMALE STAFF: ARE MENSTRUAL PERIODS NORMAL? ____

IMMUNIZATION RECORD - DATES MUST BE PROVIDED (THE MOST RECENT ONES ARE MOST IMPORTANT):

DPT 1.__/__/__ 2.__/__/__ 3.__/__/__ POLIO 1.__/__/__ 2.__/__/__ 3.__/__/__
4.__/__/__ 5.__/__/__ 4.__/__/__ 5.__/__/__
MEASLES, MUMPS, RUBELLA: 1.__/__/__ 2.__/__/__
TUBERCULIN TEST: TINE__/__/__ OTHER: _____ __/__/__

PARENTS' AUTHORIZATION FOR MINORS: This health history is correct insofar as I know and the person herein described has permission to engage in all camp activities except those noted. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp or medical director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child named above.

SIGNATURE: _____ **DATE:** _____