

2024 Summer Staff Application

Full Name:		Birth date:	/		/	
Address:					Female Male	
City:	State:	Zip:				
Phone: ()	Can we text you?	TYes No				
Email Address:		T-Shirt Size: S	M L	XL	2XL 3	3XL 4XL
Position(s) Applying For:	Dates Available: From:To:					
Fill Out If Under 18 Years of Age						
Parent/Guardian:						
Address:	City:	S	tate:		_ Zip: _	
Phone: ()	Cell Phon	e: ()				
Parent/Guardian Signature:						
Home Church Name:						
City:	State:	Phone: ()				
Minister's Name:						

Summer Staff Job Descriptions (*Minimum age 16*)

Possible work dates are between May 28- August 11, 2024 (May 28th—June 7th—Staff Training Days)

Areas that summer staff may help:

Kitchen—Work under the direction of the Head Cook(s) to oversee the preparation of all meals, snacks served, and oversee the overall appearance of the kitchen and serving areas. They also help the S.A.W. Coordinator run the canteen.

Maintenance Staff — This team will work to ensure the camp remains in working order. Duties include, but are not limited to mowing, weed trimming, cleaning various areas, facilitate paintball, etc... The maintenance staff will be a part of the lifeguarding team and/or the High Ropes/Zip Line team (18 yrs. old). Training will be provided or paid for by the camp.

All positions may be asked to help out in other areas, we are a team!

Education:

School Name			Degree		
School Name			Degree		
Employment:					
Company Name		Phone	Supervisor	Position Held	
General Responsibili	ties			Dates of Employment	
Reasons for Leaving			Can	We Call Your Supervisor?	
Company Name		Phone	Supervisor	Position Held	
General Responsibilities				Dates of Employment	
Reasons for Leaving			Can	We Call Your Supervisor?	
Company Name		Phone	Supervisor	Position Held	
General Responsibili	ties			Dates of Employment	
Reasons for Leaving			Can	We Call Your Supervisor?	
First . Lifeg If not paid f Are y	Aid uarding a trained Life for by camp) ou willing to t	At which agency At which agency guard, are you willing to t □Yes □No	train to be a Lifeguard? (trai 7. Cip Line Course Facilitator?	ning provided by camp and	
			list three references: clude family members.		
1: Name		Relationship to	Applicant	Phone	
2: Name		Relationship to	Applicant	Phone	
3: Name		Relationship to	Applicant	Phone	

Please answer the following questions. (use additional paper if necessary)

1.	Why are you inter	rested in working at RRCC?
2.	Please explain yo	ur interest in this position
3.	What is your grea	itest strength in relationship to this job?
4.	What is your grea	itest weakness in relationship to this job?
5.	Describe your rel	ationship with Christ
6.	What are your fut	cure goals and how can working at RRCC help you achieve them?
Ар	plicant Signature:	Date:
Ple	ease mail to:	Rock River Christian Camp 16486 W. IL Route 64 Polo, IL 61064
Faz	x:	(815) 493-2374
Or	Email:	rrccoffice@gmail.com

APPLICATIONS MUST BE SUBMITTED BY April 1, 2024

(This is the last possible date to turn in an application, however, positions may be filled prior to this date. Don't delay, the sooner you apply the better.)

2024 Health Form

Name:		
Emergency Contacts and Phone Numbers:		
Medical Concerns: (check all those that a Asthma Sleep Walking Epilepsy Special Needs or Concerns:	a \Box Diabetes \Box Bed Wetting \Box A	ADD/ADHD 🗆 Allergies
Date of last DPT / / (Diph	ntheria, Pertussis (whooping cough), and <u>Tetanus</u> – best of your knowledge)
<u>PERSONNEL</u> UPON ARRIVAL AT CAN with the camper's name as well.	EDICATION, CURRENT DOSAGE <u>L MEDICATIONS</u> WILL BE COL MP. All <u>over-the-counter medicati</u>	E AND TIME TAKEN, PHYSICIAN'S LECTED BY THE <u>TRAINED MEDICAL</u> ons must be in the <u>original container</u> , labeled
Medication Name	Dosage	Frequency
Gives Rock River Christian Camp perr <u>permissible</u>) Authorizes staff's participation in all re Rock River Christian Camp. I also DANGEROUS and do not hold Re check any activities you <u>do not</u> giv <u>Zip Line (50lbs+)</u> , □ <u>Traverse Wa</u> Gives RRCC permission to transport st Please check any activities you <u>do</u> <u>Horse Farm</u> , or □ <u>Church Servic</u> In case of serious sickness or injury, Re is deemed necessary, if unable to c	y and Sign Below): npliance to all rules and policies of H mission to use any pictures/videos of ecreation and events as well as use o understand that the <u>zip line</u> and <u>pla</u> ock River Christian Camp liable for ve permission for you/your staff to p <u>all</u> , □ <u>Hayrack Ride</u> , or □ <u>Pool</u> taff off grounds for activities outline <u>not</u> give you/your staff permission t <u>es</u> ock River Christian Camp has my au ommunicate with me immediately. I on accidents and illness while staff	RRCC as outlined in the camp brochure. f staff in camp publicity. (<u>Check if not</u> f any/all recreational facilities/equipment at <u>ying paintball</u> are POTENTIALLY any injuries sustained in these activities. Please articipate in. <u>Paintball (10 years old+)</u> , d in the summer brochure or Dean's Letter. to be transported to. July 4th Fireworks , athorization to secure such medical attention as f or as parent/guardian, accept primary is at Rock River Christian Camp. The camp's
Signature:		Print Name
Parent/Guardian Signature (for those under 1	18):	Print Name

CONFIDENTIAL

Rock River Christian Camp Background Check Authorization (18 years and older)

Print Full Name:				
First	Middle	Last		
Former Name(s) and Date Used:				
Current Full Address Since:				
Previous Address, Dates:				
Previous Address, Dates:				
110v10us / Iddiess, Dutes				
S.S.N.:	Date of Birth:	/	/	
Phone:	Drivers License Num	ber:		
E 1 4 1 1				
Email Address:				

The information contained in this application is correct to the best of my knowledge. I hereby authorize Rock River Christian Camp and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, credit history, education background, character references; drug testing, civil and criminal history records and any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Rock River Christian Camp or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have; to include information or data received from other sources.

I hereby release Rock River Christian Camp, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____