



2025 Summer Staff Application

Full Name: _____ Birth date: _____ / _____ / _____

Address: _____ Female
 Male

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Can we text you? Yes No

Email Address: _____ T-Shirt Size: S M L XL 2XL 3XL 4XL

Position(s) Applying For: _____ Dates Available: From: _____ To: _____
(See descriptions below) (May 27th-August 1st, 2025 is our summer season)

Fill Out If Under 18 Years of Age
Parent/Guardian: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Cell Phone: (_____) _____
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 27- August 1, 2025 (May 27th—June 6th—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 Responsibilities 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 Responsibilities Dates of Employment

Reasons for Leaving Can We Call Your Supervisor?

Are you certified in? CPR_____ At which agency?_____
First Aid_____ At which agency?_____
Lifeguarding_____ At which agency?_____
If not a trained Lifeguard, are you willing to train to be a Lifeguard? (training provided by camp and paid for by camp) <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to train to be a High Ropes/Zip Line Course Facilitator? (must be 18+) (training provided by camp and paid for by camp) <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list three references:
do not include 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 interested in working at RRCC? _____

2. Please explain your interest in this position. _____

3. What is your greatest strength in relationship to this job? _____

4. What is your greatest weakness in relationship to this job? _____

5. Describe your relationship with Christ. _____

6. What are your future goals and how can working at RRCC help you achieve them? _____

Applicant Signature: _____ Date: _____

Please mail to: Rock River Christian Camp
 16486 W. IL Route 64
 Polo, IL 61064

Fax: (815) 493-2374

Or Email: rrccoffice@gmail.com

APPLICATIONS MUST BE SUBMITTED BY April 1, 2025

(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.)

2025 Health Form

Name: _____

Emergency Contacts and Phone Numbers: _____

Medical Concerns: (check all those that apply)

Asthma Sleep Walking Epilepsy Diabetes Bed Wetting ADD/ADHD Allergies _____

Special Needs or Concerns: _____

Date of last DPT ____ / ____ / ____ (Diphtheria, Pertussis (whooping cough), and Tetanus – best of your knowledge)

ALL **PRESCRIPTION MEDICATION** MUST BE IN THE **ORIGINAL CONTAINER**, LABELED WITH THE FACULTY'S NAME, NAME OF THE MEDICATION, CURRENT DOSAGE AND TIME TAKEN, PHYSICIAN'S NAME, AND PHARMACY NAME. **ALL MEDICATIONS** WILL BE COLLECTED BY THE **TRAINED MEDICAL PERSONNEL** UPON ARRIVAL AT CAMP. All **over-the-counter medications** must be in the **original container**, labeled with the camper's name as well.

Medication Name	Dosage	Frequency

Insurance Information: Please send a copy of your insurance card (front & back) with this form

Employee's Name: _____ **Health Insurance Company:** _____

Policy Number: _____

Release of Liability (Please Read Carefully and Sign Below):

Indicates staff's understanding and compliance to all rules and policies of RRCC as outlined in the camp brochure.

Gives Rock River Christian Camp permission to use any pictures/videos of staff in camp publicity. (**Check if not permissible**)

Authorizes staff's participation in all recreation and events as well as use of any/all recreational facilities/equipment at Rock River Christian Camp. I also understand that the **zip line** and **playing paintball** are **POTENTIALLY DANGEROUS** and do not hold Rock River Christian Camp liable for any injuries sustained in these activities. Please check any activities you **do not** give permission for you/your staff to participate in. **Paintball (10 years old+)**, **Zip Line (50lbs+)**, **Traverse Wall**, **Hayrack Ride**, or **Pool**

Gives RRCC permission to transport staff off grounds for activities outlined in the summer brochure or Dean's Letter.

Please check any activities you **do not** give you/your staff permission to be transported to. **July 4th Fireworks**, **Horse Farm**, or **Church Services**

In case of serious sickness or injury, Rock River Christian Camp has my authorization to secure such medical attention as is deemed necessary, if unable to communicate with me immediately. I or as parent/guardian, accept primary responsibility of medical coverage on accidents and illness while staff is at Rock River Christian Camp. The camp's insurance will be secondary for injuries only.

Signature: _____ Print Name _____

Parent/Guardian Signature (for those under 18): _____ Print Name _____

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: _____

S.S.N.: _____ **Date of Birth:** _____ / _____ / _____

Phone: _____ **Drivers License Number:** _____

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:** _____