



# 2026 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) (June 1st-August 15th, 2026 is our summer season)

<b>Fill Out If Under 18 Years of Age</b>
Parent/Guardian: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Cell Phone: (_____) _____
Parent/Guardian Signature: _____

Home Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Minister's Name: \_\_\_\_\_

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## Summer Staff Job Descriptions (*Minimum age 16*)

**Possible work dates are between May 28th - August 15, 2026 (May 28th-June 5th—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?

<p>Are you certified in?  CPR_____ At which agency?_____</p> <p>First Aid_____ At which agency?_____</p> <p>Lifeguarding_____ At which agency?_____</p> <p>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</p> <p>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</p>
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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](mailto:rrccoffice@gmail.com)

**APPLICATIONS MUST BE SUBMITTED BY April 1, 2026**

(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.)

## 2026 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 4<sup>th</sup> 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 \_\_\_\_\_

