



## 2020 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)

### 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: \_\_\_\_\_

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

Possible work dates are between May 21- August 10, 2020 (May 26—June 5—Training)

#### Areas that summer staff may help:

**2nd Shift Head Cook**—Work with the 1st Shift Head Cook to oversee the preparation of meals, afternoon/evening snacks, and oversee the overall appearance and cleanliness of the kitchen and serving areas.

**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:**

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School Name \_\_\_\_\_ Degree \_\_\_\_\_

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School Name \_\_\_\_\_ Degree \_\_\_\_\_

**Employment:**

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Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_

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General Responsibilities \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Reasons for Leaving \_\_\_\_\_ Can We Call Your Supervisor? \_\_\_\_\_

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Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_

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General Responsibilities \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Reasons for Leaving \_\_\_\_\_ Can We Call Your Supervisor? \_\_\_\_\_

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Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Position Held \_\_\_\_\_

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General Responsibilities \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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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? _____
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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, 2020**

(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.)

## 2020 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 \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_