

Detroit Conference OUTDOOR RETREAT Ministries

www.umccamps.org
810-233-5500 ext.354

Volunteer Application Forms

Please print out the following forms and return completed forms to the camp you are applying at.

Camp Kinawind
9885 Thumb Lake Rd.
Boyne Falls, MI 49713
231-549-2149 (summer only)
810-233-5500 ext. 354
campkinawind@umccamps.org

Judson Collins Center
1000 Hane Hwy
Onsted, MI 49265
517-467-7711
judsoncollins@umccamps.org

Lake Huron Retreat Center
8794 Lakeshore Dr.
Burtchville, MI 48059
810-327-6272
lakehuronretreat@umccamps.org

Myers Lake Campground
10575 Silver Lake Rd.
Byron, MI 48418
810-233-4511
myerslake@umccamps.org

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Health History Form for Camp Staff/Volunteers – pages 9-12

BOARD OF OUTDOOR & RETREAT MINISTRIES, INC. (BORM) VOLUNTEER APPLICATION

The information on this will be verified as to accuracy. If any false or exaggerated claims are uncovered, the applicant will no longer be considered. A criminal record check will also be conducted.

Please return all completed forms to the camp you are applying at.

Please type or print clearly

Last Name _____ First Name _____ Middle Initial _____

Current Address _____ City, State, Zip _____

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Social Security Number _____ Gender: Male _____ Female _____

Please list your 1st, 2nd, 3rd, and 4th choice: Judson Collins _____ Camp Kinawind _____ Myers Lake _____ Lake Huron Retreat _____

Are you at least 18 years of age? Yes _____ No _____ If no, what is your date of birth? _____

Have you completed the **Counselor in Training** camp sponsored by the Board of Outdoor and Retreat Ministries? Yes _____ No _____

Please note: counselors must be 5 years or older than the campers with whom they are working.

If accepted, what dates are you available? ___/___/___ till ___/___/___ and/ or Camp Event #: _____

Where is your church membership? _____

Name of Pastor: _____ Phone: _____

List (name, address, and phone) of churches you have attended regularly for the past five years:

Name: _____ Address: _____ City/Zip: _____ Phone: _____ Dates Attended: _____

Work Experience:

Please attach a list of your work and volunteer experience including: employer or organization, address, phone number, type of work or service, position title, supervisor, dates employed or volunteered.

Education (indicate highest grade completed):

Elementary 6 7 8 High School 9 10 11 12 College 1 2 3 4 5 Graduate 1 2 3 4 5

Please List Licenses and Certifications List any current certifications (first aid, CPR, lifeguard, outdoor living skills and/or other professional licenses including expiration dates) and other skills you are willing to share.

Are you certified by the Detroit Annual Conference to work with children, youth and vulnerable persons? Yes _____ No _____

If so, please attach a copy of your certification card. If not, you will be required to complete certification before beginning your volunteer service.

References (Please ask a minister and two other unrelated persons who know you well to complete the reference form and return it directly to **the Dean or Camp Director**. If a copy of certification card is provided, additional references are not required.)

I have asked the following 3 persons to provide references.

Name _____ Phone _____

Address _____ City & State _____ Zip _____

Name _____ Phone _____

Address _____ City & State _____ Zip _____

Name _____ Phone _____

Address _____ City & State _____ Zip _____

Camp Experience: (List any camps you have attended as a camper or worked at as a staff)

Camper/Staff	Camp Name:	Location:	Dates Attended:
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Our camps are in an outdoor setting. Staff is required to function independently and is entrusted with the care of a group of children or guests whose health and welfare are your primary responsibility. Do you have any physical, mental, and/or emotional health conditions or impairments which would restrict your ability to perform the job for which you have applied? If so, please explain:

AGREEMENT

I certify that all information contained in my application is true and complete to the best of my knowledge.

I understand that this information may be checked by contacting anyone or any organization listed or that may have information about me. I authorize anyone contacted to give you any information, including opinions regarding my character and fitness for work with children, youth and vulnerable persons. I authorize the release of the information in this document to any ministry of the Detroit Annual Conference of the United Methodist Church.

I authorize you to make such investigations and inquiries of my personal, employment, and other related matters, including any law enforcement records, as may be necessary in arriving at a decision regarding my paid employment or volunteer service. I hereby release employers, providers of information, the Board of Outdoor and Retreat Ministries, and the Detroit Annual Conference of the United Methodist Church from all liability in responding to inquiries in connection with my application or releasing such information. I waive notice of such release of information. I waive any right that I may have to inspect any information provided about me by any persons or organization identified by me in this document. This release may be sent to any organization or person providing such information.

In the event of being accepted for paid employment or for volunteer service, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies of the Board of Outdoor and Retreat Ministries and the Detroit Conference Annual Conference.

If accepted for paid or volunteer service, I agree to participate in training and education events related to my areas of work. I will immediately report inappropriate behavior, suspicious activity, observed abuse or allegations of abuse to the camp director or dean.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I understand that employment with the Board of Outdoor and Retreat Ministries or the Detroit Annual Conference of the United Methodist Church is at will and may be terminated at any time, with or without prior notice, discipline, or warning, for any or no reason. Only the Associate Council Director for Outdoor and Retreat Ministries can make any contrary agreement and that would have to be in writing.

I agree to hold harmless the Board of Outdoor and Retreat Ministries and the Detroit Annual Conference of the United Methodist Church, their officers, employees, and volunteers from any use of this application and information.

I have carefully read this statement. I understand its contents and I am signing it of my own free will.

Signature of applicant _____ Date _____

Print applicant’s full name _____

Parent signature _____ Date _____

(If applicant is under age 18)

VOLUNTARY DISCLOSURE STATEMENT

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Have you ever been convicted of any criminal offense? Yes ___ No ___

If yes, please explain: _____

Have you ever been convicted of any crime in any manner to children and/or your conduct with them? Yes ___ No ___

If yes, please explain: _____

Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes ___ No ___

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: _____

Have you ever been convicted of any criminal offense? Yes ___ No ___

Have you ever been charged with or convicted of child neglect, abuse or sex-related crimes? Yes ___ No ___

Have any complaints or allegations of misconduct involving children ever been made against you? Yes ___ No ___

Have you been convicted of the possession, use, or sale of drugs? Yes ___ No ___

Within the past 30 days have you abused alcohol, legal or illegal drugs? Yes ___ No ___

Have you been convicted of, or plead guilty to a traffic offense within the last 5 years? Yes ___ No ___

Current Driver's License number: _____ State: _____

Please explain fully any YES answers to the above questions. In addition to the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children, youth or vulnerable adults? (use additional page if necessary)

Release of Liability
The Board of Outdoor and Retreat Ministries, Inc.
Detroit Annual Conference of the United Methodist Church

The Board of Outdoor and Retreat Ministries, Inc. of the Detroit Annual Conference and related camps (BORM) offer a variety of voluntary activities, services and camping experiences. These may include, without limitation, providing food, lodging, and transportation, as well as challenging and educational activities associated with camping and the outdoors, such as hiking, boating, swimming, campfires, fishing, ropes courses, horseback riding, climbing and the like. Both campers and staff members, including volunteers, may have the opportunity to participate in one or more of these activities.

While the BORM tries to provide for the safety of its campers and staff members, there are unavoidable risks of injury and even death associated with camping and its related services and activities. Injury or death can occur even when care has been taken to provide for safety. Consequently, BORM requires that this Release of Liability be signed before anyone may attend a camp, or participate in camp activities, as either a camper or staff member.

If you are a prospective camper or staff member under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated Signature of Parent or Guardian of Camper/Staff Member Under Age 18. If you are a prospective camper or staff member eighteen years of age or older, you must print your name below and sign and date the line designated Signature of Adult Camper/Staff Member.

In consideration of the opportunity to be involved in a camp and the related services BORM provides, the undersigned agrees as follows:

1. I have read and understand the risks summarized above;
2. I understand that participation in camp activities and receipt of BORM services is voluntary;
3. I expressly assume the risks of such attendance and participation;
4. For myself and on behalf of my representatives, administrators, heirs, successors and those I am responsible for, I fully and completely release, discharge and hold harmless the BORM, the Detroit Annual Conference of the United Methodist Church, and all Methodist affiliated camps I am involved in, including the owners, officers, directors, trustees, employees, agents, volunteers and affiliates of the same, from any and all claims, agreements, liabilities or suits, in law or in equity, arising in any way from involvement in or attendance at such a camp, including injury to my person or property, or death, except if caused by the gross negligence of these entities or individuals. This includes a waiver and release of the right to sue on behalf of a child by a parent or guardian.

This Release of Liability affects important legal rights. The signer acknowledges that he or she has been advised to read it carefully before signing. You are encouraged to consult an attorney if you have any questions about the meaning or effect of this document. In addition, you are encouraged to contact the BORM office at 1-800-334-0544 if you have any questions about the services, activities or risks at any camp. The signer acknowledges he or she has read this document, understands it, has had the opportunity to obtain advice from an attorney if wished and is relying on the signer's own judgment in signing it.

Printed Name of Camper/Staff Member: _____

Printed Name of Parent or Guardian of Camper/Staff Member: _____

Signature of Parent or Guardian of Camper/Staff Member Under Age 18: _____

Signature of Adult Camper/Staff Member: _____

Date: _____

**Detroit Annual Conference of the United Methodist Church
Form for Reference Check**

Three references are required for each applicant prior to their certification to work with children, youth, or vulnerable persons. The information that you share will be held in strict confidence. **Please send the completed reference to Camp Director.**

Applicant: Please fill in name and address or provide an addressed, stamped envelope.

Applicant name: _____

Applicant address: _____ City & State _____ Zip _____

Reference name: _____

Reference address: _____ City & State _____ Zip _____

Reference phone and e-mail: _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?

5. How would you describe the applicant's ability to relate to children, youth, or vulnerable persons?

6. How would you describe the applicant's ability to relate to adults?

7. How would you describe the applicant's leadership abilities?

8. Do you know of any characteristics that would negatively affect the applicant's ability to work with children, youth, or vulnerable persons?

9. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

10. Please list any other comments you would like to make: (continue on reverse if necessary)

Signature: _____ Date: _____

We appreciate your time in answering these questions as we in the Detroit Annual Conference of The United Methodist Church strive to do everything we can to protect our children, youth, and vulnerable persons. Thank you.



Authorization for Criminal Records Check

For ages 18 and older

I hereby authorize the Detroit Annual Conference of the United Methodist Church and its agencies to request the National Sex Offender Registry, the State of Michigan, or any other agency to release information regarding any record or convictions contained in its files, or any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release the Detroit Annual Conference, all local, state, and national law enforcement agencies or other agencies from all liabilities that may result from any such disclosure made in response to this request.

(The following information is required for the background check.)

Signature of applicant: _____ Date: _____

Print applicant's full name (first, middle, and last) _____

Date of birth (mm/dd/yy) _____ Place of birth _____

Social Security number _____ Sex _____ Race _____

Driver's license number _____ State Issued _____

Camp Name: _____ Dean/Director: _____

List all addresses (including college & home) where you have lived in the last 15 years **or** since the age of 18, whichever is less. Include dates for each address. Use additional paper if necessary.

1. Street address, incl. apartment number _____

City, State, Zip _____ Dates _____

2. Street address, incl. apartment number _____

City, State, Zip _____ Dates _____

3. Street address, incl. apartment number _____

City, State, Zip _____ Dates _____

4. Street address, incl. apartment number _____

City, State, Zip _____ Dates _____

5. Street address, incl. apartment number _____

City, State, Zip _____ Dates _____

6. Street address, incl. apartment number _____

City, State, Zip _____ Dates _____



This form is to be **used only for minors** (ages 16-18) in lieu of a background check.

Affidavit of Background for Care Providers under the age of 18

Name _____

Date _____

Event _____

Event Director _____

Please initial all statements you agree with:

Parent/Guardian initial confirming minor's statement:

_____ I fully support the Detroit Annual Conference in its interest of protecting adults with special needs, children and youth from any and all forms of emotional, physical, and sexual abuse, harassment, and molestation. _____

_____ I fully support the Detroit Annual Conference in its interest of protecting care providers from any and all false accusations, appearances, and implications of being involved in such abuse, harassment, or molestation of adults with special needs, children, and youth. _____

_____ I agree to comply with the adults with special needs, child and youth abuse prevention policies of the Conference. _____

_____ I have never been convicted of, or pled guilty or no contest to, any crime arising out of any act involving child abuse or child sexual abuse, or any act or conduct which is of a sexual, molesting, seductive, harassing, or criminally deviant nature, whether or not such conduct involved a child or youth _____

_____ I have never had a verdict rendered against me in any civil action arising out of any personal act or conduct related to child abuse or child sexual abuse. _____

_____ I have never committed any act of child abuse or child sexual abuse. _____

_____ Except as fully disclosed on the reverse side of this Affidavit, I have never been accused of, or been charged with, any crime or conduct arising out of child abuse or sexual abuse. _____

_____ I oppose child pornography. _____

_____ I am at least 16 years of age and less than 18 years of age, and have completed the ninth grade.



Health History Form for Camp Staff

The information in this form is to assist your camp health care provider in identifying appropriate care. Paid seasonal staff should return this form at least four weeks before you arrive.

People hired within two weeks of their start date should bring this form with you. Short term volunteers can either send or bring it with you.

- Copy the completed form for your records; note changes that occur and inform camp healthcare provider upon arrival.
- Notify the camp director if you are exposed to a communicable disease with two weeks of your start date.
- The camp administration expects that you arrive in good health and capable of doing the job for which you were hired.

Start Date _____ Position Title _____

Name _____ Age _____ Date of Birth _____

Permanent Address _____

Country of Residence _____

Gender: Male _____ Female _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Cell Phone _____

Allergies: *Check those that apply to you.*

_____ I have no known allergies.

_____ I have an allergy to this/these food/s: _____

Describe what happens if you this food and how the reaction is managed: _____

_____ I am allergic to this medication/s: _____

_____ I am allergic to these substances: _____

Describe what happens if you take/come in contact with this and how the reaction is managed: _____

Chronic Concerns: *Check all that pertain to you and provide information about supportive healthcare.*

_____ I have no chronic health concerns

_____ I have the following chronic health concerns/s:

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Sleep Problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Difficult Breathing | <input type="checkbox"/> Dysmenorrhea |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Surgery History | <input type="checkbox"/> Seizure disorder: _____ |
| <input type="checkbox"/> Back Pain or Injury | <input type="checkbox"/> Knee or Ankle Weakness | <input type="checkbox"/> Other: _____ |

Provide information about supportive healthcare needed for each checked item: _____

Nutrition: *Our expectation is that staff set an example for campers by eating the provided menu. The camp kitchen can work effectively with some medically prescribed diets but does not cater to individual preferences.*

_____ I eat a regular, varied diet.

_____ I am lactose-intolerant. *Be prepared to manage your intolerance using products such as Lactaid or food avoidance.*

_____ I am a vegetarian.

_____ I respond with an anaphylactic reaction when I eat this food: _____

Provide information about supportive healthcare needed for each item checked: _____

Medication: Bring enough medication for your entire stay. Prescription meds **must** be in pharmacy containers with appropriate labels; other remedies must be in original container. All medication will be stored in the camp Health Center.

International staff: translate medication information to English before leaving your country.

_____ I do not take medication on a routine basis.

_____ I take routine medication (include vitamins) as follows: (attach more information if needed)

Name of medication: _____	Name of medication: _____
Reason for taking: _____	Reason for taking: _____
Dose Taken: _____	Dose Taken: _____
Times: _____	Times: _____
Name of medication: _____	Name of medication: _____
Reason for taking: _____	Reason for taking: _____
Dose Taken: _____	Dose Taken: _____
Times: _____	Times: _____
Name of medication: _____	Name of medication: _____
Reason for taking: _____	Reason for taking: _____
Dose Taken: _____	Dose Taken: _____
Times: _____	Times: _____

General Physical History

1. Have you ever been hospitalized? Yes No
 Have you ever had surgery? Yes No
2. Have you ever passed out during or after exercise? Yes No
 Have you ever been told that you have a heart murmur? Yes No
 Have you ever had high blood pressure? Yes No
 Have you ever had racing of your heart or skipped a heartbeat? Yes No
3. Do you have skin problems (itching, rashes, acne)? Yes No
4. Have you ever been knocked out or unconscious? Yes No
 Have you ever had a seizure? Yes No
5. Have you ever had heat or muscle cramps? Yes No
 Have you ever been dizzy or passed out in the heat? Yes No
6. Have you had the chicken pox or are you immunized for chicken pox? Yes No
7. Have you had mononucleosis in the past nine months? Yes No
8. Do you have a hearing problem? Yes No
 Do you have a vision (sight) problem? Yes No
 Do you wear glasses or contacts or use protective eye wear? Yes No
9. Do you typically make noise while sleeping (i.e. snore, talk in sleep, etc.) ? Yes No
10. Do you have any problems with your teeth? Yes No
11. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling,
 or other injuries to any of your body areas? Yes No
 If so, where? Head Shoulder Thigh Neck Chest
 Forearm Shin/calf Back Wrist Hand
 Ankle Elbow Knee Hip Foot
12. Do you smoke and/or use other tobacco products? Yes No
13. Do you have any piercing? Yes No
 If so, where? Ears Eyebrow Nose Tongue
 Belly Button Nipple Other: _____
14. Have you been in countries other than the United States in the past nine Months? Yes No
 If yes, list the countries and the length of time spent in them.
 Countries: _____ Dates: _____
 Countries: _____ Dates: _____
 Countries: _____ Dates: _____
 Countries: _____ Dates: _____
15. For women: Do you have a menstrual problem (pain, irregularity, etc.)? Yes No

Explain and/or provide more detail about the General Physical Health questions to which you responded "yes".

 # _____
 # _____

Mental and Emotional Health Information

- A. Have you been diagnosed with attention deficit (ADD) or AD/HD? Yes No
- B. Do you have a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder? Yes No
- C. Do you have an eating disorder? Type: _____ Yes No
- D. Do you have a learning disability? Type: _____ Yes No
- E. Do you have an emotional health concern? Yes No
- F. During the past year, have you seen a professional about mental/emotional concerns? Yes No

If yes to any question in this section, attach a statement that:

- (a) Describes the concern and your management plan for addressing it while working at camp; and
- (b) Describes the support needed from your work supervisor to compliment your plan.

Immunization History: Provide the month and year for immunizations. Starred (*) immunizations must be current.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4
DTP: Diptheria, Tetanus, Pertusis				
*TD Tetanus Booster Must be current within the past ten years.				
*MMR: Mumps, Measles, Rubella				
*IVP/OPV: Polio				
HepB: Hepatitis B				
Hib: H. Influenza, type B				

Paying for Health Care:

- There is no charge for healthcare provided by the camp's Health Center Staff.
- Staff is financially responsible for healthcare provided by all other providers.
- If you will be using personal insurance while working at our program, it is your responsibility to know how to access that insurance. **Bring your insurance card with you;** obtain pre-authorization if your insurance requires this.

Name of your **physician:** _____

Office Phone: _____

Name of your **dentist/orthodontist:** _____

Office Phone: _____

Signatures Required for Attendance

Parent/Guardian Authorization: This health form is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted on the back of this form.

Health Care: I give the camp health officer permission to give me/my child over-the-counter and prescription medications in accordance with the standing orders approved by the camp physician.

Permission to Treat: I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care, to administer medications and to order X-rays, routine tests and treatment for me/my child, and in the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Camp Director to hospitalize, secure proper treatment, review my/my child's medical records, discuss my/my child's conditions with any medical personnel, and to order injection and anesthesia and/or surgery for me/my child as named above. This form may be photocopied for use out of the camp. This form is a HIPAA authorization release.

Transportation Authorization: I give permission for me/my child to be transported in private vehicle if necessary.

Additional Release: I release all photos, videos and audio tapes of me/my child to BORM to be used for promotional purposes. I acknowledge that post-camp meetings, reunions, and voluntary events are not conducted under the supervision or auspices/sponsorship of the BORM, which is not responsible for anyone's well-being at such events.

Address List: Your address may be put on an address list to be distributed only to campers at your/your camper's event. If you do not wish for your address to be put on that list, initial here _____.

Signature of Parent/Guardian or Adult Participant: _____ Date _____

Printed name: _____

Camper Signature: I agree to abide by any restrictions placed on my participation in camp activities by my physician, parents/guardian or as written herein. _____ Date _____

Name: _____
First _____
Last _____
Position: _____

Date/Time	Nursing Notes	Initial
<hr/>		
_____ Screening has been conducted per camp protocol and significant findings noted.		
A. Any signs/symptoms of illness or injury upon arrival?.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B. Any history of exposure to communicable disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. Any additions, corrections or clarifications to information on health history?.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D. Medication given to healthcare staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

For Camp Staff (Paid and Volunteer)

According to our “Blood borne Pathogens Exposure Control Plan” the following job classifications have been determined to have an occupational exposure to blood or other potentially infectious material: Camp Health Officer, Lifeguard. All other job classifications may have an occupational exposure.

I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HPV) infection and for any resulting medical condition. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself, up to the standard health department fee for this vaccination.

I understand my rights under this policy:

Signature_____ Date_____

Please also sign **one** of the statements below:

- I have already received Hepatitis B vaccination. Date of immunization _____
Signature_____ Date _____
- I wish to be vaccinated according to this policy. I can arrange for and receive the vaccination and understand that I am responsible for submitting receipts for reimbursement.
Signature_____ Date _____
- I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.
Signature_____ Date _____

Exit Notes – Check one of the following:

- Left camp this day with not reported illness or injury symptoms.
- Left camp this day with the following problem or concern: _____
Instructions provided by healthcare staff about concern: _____

Healthcare Staff:_____