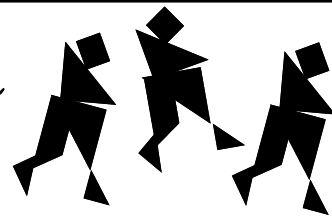


# 2008-09 BARN-A-BREAK CIA Application



Please  
attach  
a recent  
photo  
here!!

CAMP BARNABAS BARN-A-BREAKS GIVE SUMMER STAFF, CIAs AND CAMPERS A CHANCE TO CONNECT OUTSIDE OF THE CAMPING SEASON. THIS IS ALSO AN OPPORTUNITY FOR PARENTS TO HAVE SOME RESPITE AND FOCUS ON THEIR OWN NEEDS. IT IS A WIN/WIN FOR ALL!

**STATEMENT OF FAITH:** *We believe God Almighty to be our Creator and Heavenly Father and His son Jesus Christ to be our Lord and Savior. We also believe the Holy Bible to be His inspired Word, and as such is our final authority for faith and life. It is our purpose to teach His Word and to glorify God in all we do.*

**For Barn-A-Break weekends all CIAs must be at least 16 years old  
All applicants 18 years of age or older must pay \$15 for a criminal background check.**

Full Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

University/High School: \_\_\_\_\_ Year/Grade completed: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Previous Camp Barnabas Experience? \_\_\_\_\_

How did you hear about camp? \_\_\_\_\_

## 2008-2009 Barn-A-Break Weekend Dates

### Please mark the weekends you wish to volunteer

- \_\_\_\_\_ Weekend 1: Developmental Disabilities  
October 17-19 (camper ages 7-15)
- \_\_\_\_\_ Weekend 2: Autism/Developmental Disabilities  
Nov. 21-23 (camper ages 16 & up)
- \_\_\_\_\_ Weekend 3: Autism/Developmental Disabilities  
February 20-22 (camper ages 7-15)
- \_\_\_\_\_ Weekend 4: Physical Challenges  
March 20-22 (camper ages 7-15)
- \_\_\_\_\_ Weekend 5: Physical & Developmental Disabilities  
April 17-19 (camper ages 16 & up)

To apply for a position for a Barn-A-Break, please complete this application and mail it in to Camp Barnabas. All positions will be filled on a first-come, first-serve basis. Descriptions for the CIA positions are on the next page. The dates and term descriptions are on the left. On the arrival date, the first date listed, you will need to arrive at Camp Barnabas between 3:30 and 4pm. It is imperative that you arrive on time so you can be properly trained before the campers arrive. The campers will arrive at 5pm the same afternoon. On your departure date, you will be done and ready to leave camp around 11:00am. If you have any questions about volunteering for a Barn-A-Break please contact Laura Edwards at [laura@campbarnabas.org](mailto:laura@campbarnabas.org). We are excited for you to be a part of this program! See you soon!

### MEDIA RELEASE (Must be signed by everyone at Camp)

Camp Barnabas has my permission to use pictures taken of myself and/or verbal quotes for fundraising and publicity purposes. Consent is given to Camp Barnabas, its Directors, employees, agents, and cooperating entities to use my, name, picture, likeness, writings, or audio or videotape recordings for use in any media for educational, promotional, or advertising purposes in furtherance of the purposes and objectives of Camp Barnabas without compensation for such usage.

Signature/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Barn~A~Break CIA Application

Why do you want to serve at Camp Barnabas and what do you hope to gain from this experience?

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**Please clearly mark the position you are applying for.**

\_\_\_\_\_ **Cabin Counselor:** For ages of 16 to 29. The primary duties of cabin counselors are to unconditionally love on and accept their campers while allowing them to have the most amazing weekend at camp ever! To be an effective counselor, you must be willing to put aside your own personal desires and needs to completely care for those of your camper. Counselors live in the cabins with campers and are assigned the duty of overseeing and teaching their camper.

\_\_\_\_\_ **Cabin Mom/Dad:** For ages 30 and older: As a cabin mom/dad some of your primary responsibilities include, but are not limited to: encouraging every member of the cabin, both campers, counselors and staff, doing camper laundry, assisting with camper needs such as bathing, changing, dressing, and feeding, being an excellent role model for cabin members, and assisting the cabin staff in any other way. This position requires extreme dedication. Our staff members are counting on you to be flexible, prayerful, and supportive in everything you do.

\_\_\_\_\_ **Cook's Helper:** Our kitchen needs your help! We will be cooking for close to 60 people every meal this weekend. That is a lot of work and we would love for you to help out. As a cook's helper you can plan on assisting with chopping, stirring and helping keep the kitchen sanitary and organized. No gourmet skills are needed, just a hard work ethic and a desire to serve others.

\_\_\_\_\_ **Nurse:** If you are an RN or an LPN and would like to work at Camp Barnabas for a weekend, we would love to have you. All nurses must have a current Missouri License. Please write your license number here. \_\_\_\_\_

What are some of your work or personal experiences that you feel make you qualified for the positions you are applying for?

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What are some of your strengths and weaknesses? \_\_\_\_\_

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Do you have any physical or mental complications that would hinder you from being able to do any of the following: walking long distances on uneven terrain, pushing wheelchairs, running, or carrying/lifting heavy objects? Do you have any psychological, mental or health issues that you have received therapy, treatment, or medication for in the last 12 months. Is there anything about your medical condition we need to know prior to you coming to camp? \_\_\_\_\_

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**This consent needs to be read and signed by all applicants.**

I understand that I will be expected to abide by all of the Camp Barnabas policies. I acknowledge that the information included on this application is accurate and truthful to the best of my knowledge. I know that if I am accepted to serve at Camp Barnabas, I have made a binding commitment. I promise to only break my commitment for serious health or family reasons. If for some reason I must break my commitment, I will notify Camp Barnabas as soon as possible. I understand that activities such as horseback riding, canoeing and other outdoor activities may be part of the program and I may be asked to assist campers with performing such activities. I hereby, and for my heirs, executors, and administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature I may have against Camp Barnabas, its directors, employees, board of directors, CIAs, campers, and cooperating entities for and against any and all injuries and damages of any nature, including death, which I may suffer while taking part in Camp Barnabas or other activities associated with Camp Barnabas.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature, if under 18 \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH INFORMATION

Person to contact in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

Alternate Person to Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Member Name: \_\_\_\_\_

List any health conditions such as: depression, asthma, diabetes, Crohn's Disease, special diet, etc.

Please list any allergies such as medications, foods, bee stings, etc.

Medication you are currently taking:

Year of Last Tetanus Shot: \_\_\_\_\_ Have you had the Chicken Pox or the Vaccine? \_\_\_\_\_ If yes, when? \_\_\_\_\_

To the best of my knowledge, the above information is accurate and complete. I have full permission to participate in all camp activities, and I am in good health. I give permission to the physician selected by the Camp Director to order x-rays, routine tests, and treatment for my well being. In the event of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia or surgery. I give permission for the Camp RN to administer over-the-counter or prescription medication as directed. I understand that the cost of medical care is covered by the camp only up to the amount of \$2,500. Any claim in excess of this amount is my responsibility.

Signature/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Criminal Background Check Form

**This form must be completed by all persons 18 or older.**

Date:	Driver Lic. #:	Driver Lic. State:
Last Name:	First Name:	Middle Name:
Maiden and/or Other Last Names Used :		
City:	County:	State:
Date of Birth:	Social Security #:	Circle One: Male                  Female

This authorization and consent for release of personal information acknowledges that Camp Barnabas (Hereafter referred to as "Company") and/or its agent, Trak-1 Technology, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Trak-1 Technology, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the Company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the Company. In addition, I release and discharge the Company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **Trak-1 Technology / PO Box 130159 Houston, Texas 77219** at telephone number **1-800-600-8999**. After reading this document, I fully understand its contents and authorize the background verification.

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that grounds for the canceling of any and all offers will exist and may be used at the discretion of Camp Barnabas.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Applicant (Print Name): \_\_\_\_\_ Applicant Signature: \_\_\_\_\_