

Concord Baptist Association  
**Camp Health Form**  
Staff

\_\_\_\_\_ Male / Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Gender Age Date of Birth

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_ 1<sup>ST</sup> Contact Name Phone Relationship

\_\_\_\_\_ 2<sup>nd</sup> Contact Name Phone Relationship

**MEDICATIONS**

If you have any prescription(s) or over-the-counter medication which needs to be dispensed during camp? YES NO (If you answered "YES," please list below)

MEDICATION	DOSAGE AMOUNT TO BE GIVEN	TIME OF DAY
1.		
2.		
3.		
4.		

*Please continue on a separate piece of paper, if needed.*

**MEDICAL HISTORY AND CONDITIONS**

Date of last tetanus shot \_\_\_\_\_

Do you have any food allergies (if so, please list them out)?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical allergies (if so, please list them out)?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (initial) All medications must be turned into the camp nurse (or other medical personnel) at the time of registration. This includes all over-the-counter medications. NO medications are to be in the cabins.

\_\_\_\_\_ (initial) NO perscription medications will be given to any staff/volunteer by the camp nurse (or other medical personnel) if it is not in it's original prescribed container. NO pre-filled/poured medications will be allowed.

## Background Check Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

SSN \_\_\_\_\_

For identification purposes only, please provide FULL DOB \_\_\_\_\_

Please list other names used (maiden) \_\_\_\_\_

### DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application to serve as a volunteer or staff member of the Concord Baptist Association, the association has my permission to obtain a report that may contain information about me relating to my criminal history, social security number verification, and other names and addresses. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I serve as a volunteer or staff, throughout the course of my service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative report.

We will background check annually. Thank you for your participation and protection of the ministries of our association and churches.

*By signing below, I voluntarily and knowingly authorize Concord Baptist Association or its authorized agents to obtain or prepare reports or investigate reports about me.*

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Concord Baptist Association Children's Camp Pastoral/Church Leader Recommendation Form

\*Please fill out this form completely (print if needed), then return to [office@cbamo.org](mailto:office@cbamo.org)

Name of applicant(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, does the applicant(s) meet the following criteria:

- Reflects the Lord Jesus Christ in their life and ministry assignments?
- Lives in good conduct and standing in the church and community?
- Has not been accused, convicted, or found guilty of any immoral sexual activity?
- Presents themselves above reproach in all matters such as relationships, conversations, dress and appearance, personal hygiene, and behavior in general?

Yes  No

Do you recommend the applicant(s) to serve with the Camp Ministry Team out at Children's Camp?

Yes  No

If there is anything that you would like us to know about the applicant(s) that might hinder them from being able to take part in the ministries associated with the Children's Camp, please contact the Camp Director, Kari Sullivan, at [kari@memorialchurch.net](mailto:kari@memorialchurch.net).

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Your Title: \_\_\_\_\_ Church Name: \_\_\_\_\_

Your Email: \_\_\_\_\_ Date: \_\_\_\_\_