

FC Arkansas Camp

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Dear Friends of Youth,

Thank you for requesting a **2012 Staff Application Form** for the Florida College Arkansas Camp. We are delighted to know of your interest in serving young people and the Lord. The date of Camp is **June 10th-16th, 2012**.

There are two main goals of this Camp:

- To provide young people with a balance of spiritual and recreational activities in which there is a strong emphasis on their relationship with God. We strive to instill principles of honesty, modesty, purity of life and other virtues taught in the Bible through these activities in this unique setting. We want to clearly communicate the joy of Christian living.
- To inform young people about Florida College where godly values are practiced and supported. We want each of our campers who want to go to college to seriously consider attending Florida College. To this end, we pattern some of our activities to better explain what life at Florida College would be like.
All of our counselors must be enthusiastic about working toward these two goals.

As you complete the application, please indicate areas of interest and ability and write any comments in the "comment section" that will help us understand your choices. Be as complete as you can, because with more information, we can determine better where you can serve. Also, be sure to complete and sign a Medical Health form. Note: Husbands and wives who are applying must complete separate application and medical health forms.

Please return your application form to us (the Finley's) by **March 1, 2012**

We need staff members with a wide range of skills and experiences. No one or two persons are expected to do it all, and you will probably not be asked to do all that you indicate you are willing to do. We will use your application not only in assessing your abilities in comparison with our needs, but also, (if you are selected) in making specific staff assignments.

It is important that you understand that serving on the FC Arkansas Camp Staff requires more than just the time and work of the one week at Camp. Many hours of planning and preparation are a necessary prerequisite of a successful camp. Work assignments are made before the camp, and all preparations (Bible lessons, crafts, skits, costumes, knowing sports team rules, etc.) are expected to be completed before arriving at the Camp. We emphasize this because the making of a great Camp Staff begins with being prepared before you arrive at Camp; and **a great Camp Staff makes a great Camp**. If you want more information on what will be required, please contact us.

We may have more applicants than we have openings, so please do not be discouraged if you are not chosen. There are times when we must go hunting for replacements, and we always start in our application file.

Thanks again for your interest.

Alan and Sherri Finley

Camp Directors

FLORIDA COLLEGE ARKANSAS CAMP STAFF APPLICATION FORM

Staff will report by:
Saturday, June 9, 2012
At 2 PM

Name: _____ Sex: F ___ M ___ Age: _____ DOB: ___/___/___

Home Address: _____

Phone Home: (____) _____ Work: (____) _____ E-Mail: _____

Cell Phone: (____) _____ Local Congregation: _____

Marital Status: M ___ S ___ D ___ Children (Ages): _____

Occupation: _____ Bible Teaching Experience: _____

Camp Experience: _____ I am a Florida College Alumni Yes ___ No ___

Do you have children who plan to attend camp this year? Names/Ages _____

References: Non-Family Person who knows you well: (To be completed only by those not previously on Staff.)

(1) Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

E-mail: _____

(2) Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

E-mail: _____

Please indicate areas of training, talents, and/or interests:

	√ IF YES	COMMENTS:
MEDICAL:		
Certified Nurse		RN? ___ or LVN? ___
First Aid Training		Currently Certified?
CPR Training		Currently Certified?
Medical Doctor		
BIBLE STUDIES AND WORSHIP:		
Direct Teaching & Worship Program		
Develop Bible Study Materials & Teach Class		Circle Grade Preference 6, 7, 8, 9, 10, 11, 12
Chapel Talk		
Plan and lead a cabin devotion		
CABIN:		
Counselor responsible for daily devotions		Age Preference? 12, 13, 14, 15, 16, 17, 18, 19
SPORTS AND SWIMMING:		
Director - Sports Program		
Assistant Director - Sports Program		
Society Captain		
Society Preference?		Arete ___ KO ___ Omega ___ Phi Sig ___ Psi Beta ___ Zeta Phi ___ Any ___
Certified Life Guard		Currently Certified?

Note: we are hoping to keep camp “fresh” by not doing the same activities every year. We need your creativity in identifying new & fun pursuits for our campers to choose from, so give us your ideas below.

Please number your choices 1, 2, 3, etc. in the “Choices” column.

Please put a “T” for teacher and an “A” for assistant preference.

ACTIVITIES:	TEACHER / ASSISTANT	CHOICES 1, 2, 3, ETC.	COMMENTS:
Crafts			
Be specific			
Be specific			
Be specific			
Low ropes course			
High ropes course			
Rappelling			
Rock Climbing			
Nature Trail			
Drama			
Day Spa			
Newspaper Editor			
Paintball			
GPS Treasure Hunt			
Camera Scavenger Hunt			
Soccer			
Basketball			
Ultimate Frisbee			
Softball			
Volleyball			
Lifeguard-Waterfront			
Golf			
Video and Video Editing			
Suggestions For Other Crafts & Activities:			
1.			
2.			

EVENING PROGRAMS:	√ IF YES	COMMENTS:
Operate Sound System		
Direct Talent Show		
Talent Scout for Talent Show		
Plan, Direct, or Assist Hillbilly Olympics		Please circle: Plan Direct Assist
Plan, Direct, Decorate for Banquet Night		Please circle: Plan Direct Decorate
Bible Bowl		
Plan Evening Activity		Be specific:

KITCHEN:	<input type="checkbox"/> IF YES	COMMENTS:
KP assignments		
OTHER ACTIVITIES:		
Water Patrol		
Concessions		
Camp Shopper – Wal-Mart/Home Depot		
Camp Photographer		Please Circle: Direct Assist
Video Cameraman		Please Circle: Direct Assist
Video Editor		Please Circle: Direct Assist
Computer Operator		
Know MS Word		
Know MS Access		
Know MS Excel		
Pinnacle		
Photo shop		
Computer Programmer		
Office Equipment Operation		
Make Signs, Posters, Etc.		
Create Photo Album DVD		
T-shirt designer		
Night Watchman		
Host Staff Meeting (Fort Smith area pref.)		

Please indicate below any other talents, training, or interests that would be useful at camp. Is there any area in which you have a special interest?

What will you bring to camp spiritually?

What will you give to the campers spiritually?

Please circle T-shirt Size : S M L XL XXL Please check Camp DVD (\$15) _____

If selected, I am confident that I will be available to serve as an Arkansas Camp Staff Member, June 10-16 Yes_____ No_____. If “No,” when will you know by? _____

Staff Planning Meeting: If selected, I will attend the following planning meetings:

Saturday, March 10, 2012 Please Circle: YES NO (Location TBA)

Saturday, June 9, 2012 Please Circle: YES NO (At camp)

I would like to be considered even as a last minute replacement. Yes_____ No_____

In signing this application form, I am stating that I will become a 2012 FC Arkansas Camp Staff member. I also understand that the Camp is a Florida College student recruitment camp, and I will enthusiastically support and help in this effort.

Applicant's Signature

FLORIDA COLLEGE ARKANSAS CAMP STAFF MEDICAL FORM

Sign and send in with the Application
Make a copy for your records

Name: _____ SS # _____ - _____ - _____
Last First Middle

Address: _____ Phone (____) _____

Family Physician's Name: _____ Phone (____) _____

Address _____ Phone (____) _____
City State Zip

Medical Insurance Name _____

Group # _____ Member # _____

Name of two relatives/friends who may be contacted in case of an emergency:

1. Name: _____ Phone: (____) _____

2. Name: _____ Phone: (____) _____

Please provide information that you feel would be necessary for your treatment in case of emergency.

GENERAL HEALTH AND MEDICAL HISTORY:

1. Date of your last tetanus shot _____

2. Specify any chronic or long term illness:

3. **Allergies?:** Drugs _____ Food _____ Animals _____
Plants _____ Other _____

Explain reaction and indicate medication used: _____

4. Check any of the following: Sleepwalking _____ Other sleep disturbances _____ Nightmares _____ Fainting _____
Asthma _____ Seizures _____ Stomach upset _____ Constipation _____ Emotional/Family problems _____
Phobias _____

Give details: _____

5. **Restrictions:** Any activity restrictions? No _____ Yes _____

If yes, specify: _____

MEDICATION: Are you bringing medication to camp? No _____ Yes _____

If yes, specify: _____

May we administer: Tylenol _____ Ibuprofen _____ Benadryl _____ Pepto-Bismol _____ Imodium _____

SIGN HERE:

In the event of an emergency, I hereby give permission for the physicians selected by the officials of the camp, camp doctors or nurses to provide whatever medical or surgical treatment is necessary.

Date _____ Signed _____