

What experience do you hope to get out of camp?

Please list any special skills, hobbies, or talents you can contribute to the camper's experience:

EDUCATION:

Name, City & State	Dates Attended	Diploma or Degree/Area of Concentration
High School _____	_____	_____
College _____	_____	_____
Grad/Other _____	_____	_____

EMPLOYMENT HISTORY:

Last (or Current) Employer _____	Supervisor _____
Address _____	Employer's Phone # () _____
_____	Your Title _____
Employment Dates _____	Employer's Email _____
Additional Employer _____	Supervisor _____
Address _____	Employer's Phone # () _____
Employment Dates _____	Employer's Email _____

Camp Experience or Experience Working With Children:

Employer _____	Supervisor _____
Address _____	Employer's Phone # () _____
_____	Your Title _____
Employment Dates _____	Employer's Email _____

REFERENCES: (non-family members. NOTE: Different from employers)

Name _____	Occupation _____
Relationship _____	Email Address _____
Name _____	Occupation _____
Relationship _____	Email Address _____

Please answer YES or NO to the following questions:

- Yes No
- ___ ___ Has your name ever appeared on a sex offender registry?
- ___ ___ Have you ever been convicted of any crime except a minor traffic offense?
- ___ ___ Has your driver's license ever been revoked or suspended?
- ___ ___ Have you ever been fired for cause or suspended/expelled from school?

If you answered yes to any of the above questions, please explain _____

Please answer honestly. We run a nation-wide criminal background check on all applicants.

Applicant's Certification and Agreement: Please read carefully and sign

The facts set forth in my application are true and complete. I understand that if accepted, false statements on my application shall be considered sufficient cause for dismissal. I authorize the use of any information on this application and attached supplements to verify my statements, and I authorize Camp to contact the past employers, schools, and all references listed above.

Signature of Applicant

Date

Signature of Parent (if applicant under 18)

Date

The Center for Courageous Kids



We Prescribe Fun!

Elizabeth Turner Campbell, Founder

BACKGROUND CHECK DISCLOSURE & RELEASE: VOLUNTEER

DISCLOSURE

In connection with your application for a volunteer position (including contract for services), consumer reports may be requested from National Crime Search, Inc. (NCS). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from NCS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to NCS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that NCS has previously furnished within the two-year period preceding your request. NCS may be contacted by mail at 16 West Center, Fayetteville, AR 72701, or by phone at (888) 527-3282.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, NCS, AND ANY PARTY OR AGENCY CONTACTED BY NCS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

NCS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, volunteering, promotion or any other lawful purpose. I agree that such information which NCS has or obtains, and my employment history if I am hired, may be supplied by NCS to other companies that subscribe to NCS. If hired as an employee, volunteer or contracted employee, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, my status as a volunteer or my eligibility for promotion.

Print Applicant Name

Applicant Signature

Parent Name (if under 18)

Parent Signature (if under 18)

Social Security Number (required)

Today's Date

Date of Birth

State / Driver's License Number

The Center for Courageous Kids
1501 Burnley Road
Scottsville, KY 42164
(270) 618-2900 phone (270) 618-2901 fax
www.courageouskids.org



We Prescribe Fun!

The Center for Courageous Kids Medical History Form

Name: _____ Birth Date: _____ Age: _____ Gender: M F

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Emergency Contact Person:

Name: _____ Relationship to you: _____

Address: _____ Home Phone: _____

Work Phone: _____

Ht: _____ Wt: _____ Last Tetanus booster: (date required) _____

Yes No Significant Medical History (surgery, serious injuries, hospitalizations): _____

Yes No Allergies (medication, foods, and contact items like insect bites): _____

Yes No Physical restrictions or limitations to activity: _____

Yes No Prescription medications or over the counter medications: (Summer counselors will have meds stored in the medical center.) _____

Primary Care Physician: _____ Telephone Number: _____

MEDICAL RELEASE

In case of accident or illness, medical services may be provided by camp medical/nursing staff. In the event of an emergency and you are unable to give consent for care, the medical center staff is authorized to carry out any procedures deemed necessary. Staff members and volunteers assume financial responsibility for all medical expenses incurred while at camp. Medical insurance information is requested in the event a referral of an injured or ill staff /volunteer becomes necessary.

I have read, understand and agree by the above. I attest that I am physically fit for camp and there are no medical restrictions that would prevent me from performing the essential functions of my job. I understand that the Center for Courageous Kids assumes no responsibility for any pre-existing injury or illness.

(Print name)

(Signature)

(Date)

If under the age of 18, signature of parent or legal guardian is required.

(Print name)

(Signature)

(Date)

Tuberculosis (TB) Risk Factor Screening

Universal tuberculin testing is not recommended in the US and other low-incidence countries due to the high rate of false positive results. Tuberculin testing is, however, indicated for children/individuals with risk factors for TB. Please answer the following questions.

YES	NO
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1. Have you had an unexplained fever, poor appetite, persistent cough, night sweats, fatigue, spitting up blood, or unexplained weight loss in the past year?

YES	NO
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2. Are you an immigrant from OR have traveled to a country (within the last year) with a high incidence of TB? (Caribbean, Latin America, Africa, and Asia, excluding Japan).

YES	NO
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3. Have you had household contact with an individual who immigrated from a country with a high incidence of TB (Caribbean, Latin America, Africa, and Asia, excluding Japan) or an individual who has TB?

YES	NO
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4. Have you had exposure to individuals in the past year who are HIV-infected, homeless, institutionalized, users of illicit drugs, or incarcerated?

YES	NO
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5. Do you have HIV infection, chronic renal failure, malnutrition, reticuloendothelial diseases, other immunodeficiencies, or receiving immunosuppressive therapy?

YES	NO
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6. Is this your first year as a paid staff member for The Center for Courageous Kids (including paid seasonal staff)?

If you answered **YES** to any of the questions above, please submit documentation of a TB skin test (Mantoux) with your medical form. If the TB skin test is **positive**, you will need to submit evidence of a chest x-ray report.

If you answered **NO** to all the above questions, please sign below:

I have none of the identified risk factors: _____ / _____
(Signature) (Printed Name)

YES	NO
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I have previously tested positive on a TB skin test.

Please Return to:
The Center for Courageous Kids
Attn: Camp Nurse
1501 Burnley Rd.
Scottsville, Kentucky 42164