

Camp St. Andrew

Employment Application (Pre-employment questionnaire – an equal opportunity employer)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

CAMP ST. ANDREW STAFF HEALTH FORM

(This page is to be completed by a parent for staff under the age of 18)

STAFF NAME _____ DATE OF BIRTH _____
ADDRESS _____
HOME PHONE# _____ CELL PHONE# _____
MOTHER'S WORK# _____ FATHER'S WORK# _____

EMERGENCY CONTACTS

RELATIVE _____ HOME _____ WORK _____ CELL _____
NON RELATIVE _____ HOME _____ WORK _____ CELL _____

INSURANCE INFORMATION

POLICY HOLDER'S NAME _____ POLICY NAME _____
POLICY NUMBER _____ GROUP NUMBER _____
PRESCRIPTION PLAN NAME _____ PLAN NUMBER _____

HEALTH HISTORY

NOTE: Please be complete in answering all of the following questions. This will help your treatment in case of an emergency.

HAVE YOU EVER HAD:

SCARLET FEVER	YES	NO	INSOMNIA	YES	NO
MEASLES	YES	NO	FREQUENT ANXIETY	YES	NO
GERMAN MEASLES	YES	NO	MUMPS	YES	NO
CHICKEN POX	YES	NO	SINUSITIS	YES	NO
MOUTH PROBLEMS	YES	NO	HEADACHES	YES	NO
EYE TROUBLE	YES	NO	HAY FEVER	YES	NO
ASTHMA	YES	NO	FREQUENT COLDS	YES	NO
SHORTNESS OF BREATH	YES	NO	EAR, THROAT, NOSE PROBLEMS	YES	NO
BACK TROUBLE	YES	NO	FAINTING	YES	NO
RECURRENT DIARRHEA	YES	NO			

LIST ALL SURGICAL PROCEDURES:

LIST ALL ALLERGIES:

LIST ANY MEDICATIONS THAT WILL BE TAKEN WHILE IN CAMP, HOW TO BE TAKEN AND WHY:

DATE OF LAST TETANUS _____ / _____ / _____

PLEASE LIST ANY CURRENT MEDICAL CONDITIONS NOT COVERED ABOVE:

AUTHORIZATION FOR TREATMENT: I hereby authorize the camp director to secure all medical treatment necessary in the case of an accident or emergency. I understand that all efforts will be made to contact me prior to the initiation of treatment. I will be responsible for all expenses incurred.

STAFF SIGNATURE _____ DATE _____
PARENT SIGNATURE _____ DATE _____

(for staff younger than 18 years old)



Camp St. Andrew

524 STARK ROAD
TUNKHANNOCK, PA 18657-6050

(570) 836-2975
(July through August)

(570) 226-4606
(September through June)

Check the appropriate program for 2012

- July 8-13 Girls BB
- July 15-20 Girls BB
- July 8-13 Girls Resident
- July 15-20 Girls Resident
- July 20-22 Father/Son Weekend
- July 22-26 Boys BB

OUTDOOR ADVENTURE COURSE RELEASE OF LIABILITY

I understand that even under the safest conditions, the activities on the course have a number of inherent risks involving injury, disability, or even death. I understand that the major classes of hazards associated with this type of training include splinters or injuries resulting from falls or from contact with course apparatus. I recognize that course participation typically requires close physical contact by participants.

I further understand that the activities on the Outdoor Adventure Course may be physically, mentally, and/or emotionally demanding. I verify that I am free of any mental, medical, and/or physical conditions that may create undue risk to myself or to others who depend on me.

I agree to comply with all the safety rules and regulations set forth by the Outdoor Adventure Staff. I also agree to inform them of any condition or situation that may be dangerous to myself or my co-participants.

I certify that I am at least 18 years of age or have obtained consent from my parent or legal guardian, as indicated by the signature and date below.

In consideration of being permitted to participate in the Camp St. Andrew Outdoor Adventure program, I, _____, for myself, my heirs, successors and assigns, hereby indemnify, release and hold harmless Camp St. Andrew, agents, officers, and/or employees and volunteers and the Diocese of Scranton, its agents, officers, and/or employees and volunteers, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage, or death suffered by myself, (my child), or any third parties, including employees of Camp St. Andrew, arising out of my participation in Camp St. Andrew's Outdoor Adventure Course, including damages, injury or death arising from the negligence of the aforesaid parties. I, for myself, my heirs, successors and assigns, hereby assume any and all risks attendant to my participation in Camp St. Andrew's Outdoor Adventure course.

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

WITNESS

SIGNATURE OF PARENT/GUARDIAN
(Required for participants under 18)

WITNESS

DATED THIS THE _____ DAY OF _____ 20_____.

Please return to: Camp St. Andrew , 33 East Northampton Street, Wilkes-Barre, PA 18701

Diocese of Scranton Code of Pastoral Conduct

For all Clergy, Administrators, Staff and Volunteers

Our children are the most important gifts God has entrusted to us. As an adult member of the Diocese of Scranton, I promise to strictly follow the rules and guidelines in this Code of Conduct when providing services to or interacting with the children involved in any diocesan, parish or Catholic school program.

I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and the local Child Protection Services agency. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.

I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations)
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer, staff member or clergy, I am agreeing to a mandatory background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in disciplinary action up to and including removal from my position.

Printed Name: _____

Signature: _____ Date: _____