

Faculty Questionnaire

- This must be filled out **both sides completely** and returned to the camp office **no later than May 14th, 2010**.
- It must be completed by **anyone** serving in **any capacity** during a week of camp each year.
- Please initial front page and sign the bottom of the last page.
- You will not be allowed to serve if this form is not completed.

Date _____

Last Name _____ Legal First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ E-mail Address _____

Home Church _____ Are you an immersed believer? _____

Please list the date and age of the camp(s) you will be working at: _____

By whom were you recruited? _____

Have you previously served on the faculty at RRCC? _____

List the names & ages of any children attending with you: _____

Have you ever been accused of, charged with, or convicted of child abuse, molestation, or any other sex offense?

_____ If the answer is yes, please explain: _____

Have you ever been arrested (except for minor traffic offenses) or convicted of any other crime? _____

If yes, please explain: _____

If you have never served as faculty before at Rock River, please list two references below that are NOT family members, spouses, or the dean that recruited you:

Name	Phone Number	Connection to You
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I am a committed Christian, and I will do my best to conduct myself in a manner as to cause no question to the name of Christ or to the ministry of Rock River Christian Camp.” **I also understand that I must abide by the camp code that says I am to be in bed no later than 1:00 a.m. I understand this rule is based upon the need for me to be with my campers at all times, and that late night supervision of campers is much more important than faculty fellowship. I also understand I will be asked to leave the campgrounds if I do not live up to these standards.**

Mail To: **Rock River Christian Camp, 16486 IL Rt. 64 W, Polo, IL 61064 or fax (815) 493-2374**

Initial _____

2009 Health Form

Campers with medication:

Please provide a current photo to insure 100% accuracy in administering medication.

Camper Name: _____

Emergency Contacts and Phone Numbers: _____

Date of last DPT ____/____/____

**NO MEDICATION, NEITHER PRESCRIPTION, NOR OVER THE COUNTER,
WILL BE GIVEN WITHOUT THE WRITTEN PERMISSION OF THE PARENT OR GUARDIAN.**

Medical Concerns: (check all those that apply)

- Asthma Sleep Walking Epilepsy Diabetes Bed Wetting
 ADD/ADHD Allergies _____

Special Needs or Concerns: (including allergies) _____

ALL PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER, LABELED WITH THE CAMPER'S NAME, NAME OF THE MEDICATION, CURRENT DOSAGE AND TIME TAKEN, PHYSICIAN'S NAME AND PHARMACY NAME. All over-the-counter medication must be in the original container, labeled with the camper's name, dosage, time and purpose for which it is to be given.

ALL MEDICATIONS WILL BE COLLECTED BY THE TRAINED MEDICAL PROFESSIONAL UPON ARRIVAL AT CAMP.

DO NOT USE DAILY DOSE CONTAINERS!!!!

Medication Name	Dosage	Frequency

The following OVER-THE-COUNTER MEDICATIONS are supplied in our First Aid Station. They may be administered as deemed necessary by the camp medical professionals, unless otherwise advised. PLEASE CROSS OUT (X) ANY YOU DO NOT WANT ADMINISTERED. (These supplies may be generic)

<i>Ibuprofen</i>	<i>Acetaminophen</i>	<i>Antibiotic Ointment</i>	<i>Visine</i>	<i>Swim Ear Drop</i>
<i>Sudafed</i>	<i>Robitussin</i>	<i>Throat Lozenges</i>	<i>Campho Phenique</i>	<i>Maalox Midol</i>

Insurance Information: Please send a copy of your insurance card (front & back) with this form

Employee's Name: _____

Health Insurance Company: _____

Policy Number: _____

Emergency Treatment Release:

In case of serious sickness or injury, Rock River Christian Camp has my authorization to secure such medical attention as is deemed necessary, if unable to communicate with me at once. As a parent, I accept primary responsibility of medical coverage on accidents and illness while the camper is a Rock River Christian Camp. The camp's insurance will be secondary for injuries only.

Parent/Guardian Signature: (for those under 18) _____ Print Name _____

If parent cannot be reached, please provide contact person other than parent:

Emergency Contact: _____ Relationship to Camper: _____

Emergency Phone #: _____

CONFIDENTIAL

**Rock River Christian Camp
Background Check Authorization**

Print Full Name: _____
(First) (Middle) (Last)

Former Name(s) and Date Used: _____
(First) (Middle) (Last)

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

S.S.N.: _____ Date of Birth: _____

Phone: _(____)_____ Drivers License Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Rock River Christian Camp** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records and any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Rock River Christian Camp or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Rock River Christian Camp**, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____