

Windsor Hills Camp and Retreat Center, 29 White Pond Rd, Windsor, NH 03244
Voice (603)478-3363; Fax: (603) 478-3373; Email: sandysmith@whcamp.org

Counselor/Staff Application -- All Summer Camps -- 2011

Must be 23 to work at Senior High Camp, 18 or HS graduate to work at other camps.

Last Name _____ First _____ Date of birth _____ Age at camp _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Email: _____ Other phone _____

Church Name _____ City/State _____ Phone _____

Pastor's name, **signature** implying recommendation: _____

Applying for which camps?

_____ Jr. HI (July 18-23) _____ Girls' Camp (July 25-30) _____ Sr. HI (Aug. 8-13) _____ Boys' Camp (Aug. 15-20)

- | | |
|--|--|
| 1. _____ Mail completed Health form (TO WHC) | To be considered for a counselor position,
you must complete this check list.
Allow 4-6 weeks!! |
| 2. _____ Complete Criminal Background Check Form. (To WHC) | |
| 3. _____ Mail a copy of this application to BOTH WHC and the specific camp director. | |

Desired Position: _____ Cabin Counselor _____ Program Staff (Area- _____ Other - _____

Check if you have valid certifications in _____ Red Cross Lifesaving; _____ CPR; _____ First Aid; _____ First Responder

Please list on the back any special skills or activity interests that you have.

Please share briefly your testimony (use back if necessary): _____

What motivates you to want to be a camp counselor? _____

Please list previous Camp leadership experience. Give name of camp, position and dates.

Provide two personal references other than your pastor or relatives: Name, address and telephone, including relationship to you.

1 _____

2 _____

I hereby agree to abide by the rules of the camp and to adhere to the standards of conduct set for the staff. I understand that no smoking, alcohol, illegal drugs, weapons of any kind, pornography or profanity will be allowed in the camp. My dress will be modest as becomes a Christian as defined by the camp executive director. I give permission for Windsor Hills to conduct all necessary background checks.

Signature _____ Date _____

** In order to approve this application, **Health Form, Background Check, and Completed Application Form** must be sent to Windsor Hills Camp. Send as soon as possible, but no later than July 1. Activity Staff will be chosen from Counselor applications.

T Shirt Size: Circle One: AdltSm – Adlt Med – Adlt L – Adlt XL – Adlt XXL – Adlt XXXL

WHC reserves the right to refuse admission to any person whose health form is not on file 2 weeks before their camp begins.

Health Form: Windsor Hills Camp 2011

29 White Pond Road, Windsor, NH 03244 voice (603)478-3363 fax (603)478-3373

This form is confidential to camp counselors, camp directors, health personnel and the registrar.

Mail to: Registrar, Sandra Smith, 29 White Pond Rd., Windsor NH 03244

Last name,
First

Campers, workers and staff are required to submit a new health form each year. A qualified physician's signature must appear on each camper's health form to comply with New Hampshire State law. The "Date of Exam" must be less than 2 years prior to the camp date. Please send Health Form to Registrar **at least 2 weeks prior to camp date.**

Important: You may not stay overnight on the campground until we have received a **completed Health Information Form.**

Applicant's name _____ Social Security # _____ DOB _____

Address _____ City _____ State _____ Zip _____

Circle **ALL** Windsor Hills Camps that you will be attending in 2010: Parent email: _____

Family Camp Boys' Camp Girls' Camp Jr. High Camp Sr. High Camp

INSURANCE INFO: Subscriber's name _____ Birthdate _____ Policy # _____

Insurance company name _____ Phone () _____

IN CASE OF EMERGENCY NOTIFY: (For children at least one must be a parent or legal guardian.)

Name _____ Relationship _____ Phone H () _____ W ()

Name _____ Relationship _____ Phone H () _____ W ()

In case of emergency, **I HEREBY GIVE PERMISSION** to the physician selected by Windsor Hills to hospitalize, secure proper treatment for, or to order injections, anesthesia or surgery for applicant. (Every effort will be made to contact parents or legal guardian.) I accept responsibility for payment of all expenses incurred as a result of medical treatment.

SIGNATURE of parent or guardian if a minor. _____ Date

Or

SIGNATURE of applicant if over 18 years old. _____ Date

BELOW TO BE FILLED OUT BY PHYSICIAN

Record of immunizations (**Required DATES of latest boosters.**) You may attach a printout of immunization record and report of physical from physician's office but **we still require doctor's signature or stamp.**

DPT (date)	Oral Polio (Sabin) (date)	Rubella (date)	Hepatitis B (date) (if born on or after Jan 1, 1993)
DT (date)	MMR (date)	Mumps (date)	
Tetanus (date)	Measles (date)		

Treatment or medication to be continued at camp:

Special medication precautions or special medical concerns for camp staff, camp doctors or nurse to be aware of for this applicant in a camp setting:

Allergies: _____ **For severe allergies / medical concerns, continue on back and check here**

Special diet requirements: _____ Restrictions on activity while at camp:

Date of exam _____ Physician's name _____ Phone () _____

Doctor's Address _____ City _____ State _____ Zip

SIGNATURE OF PHYSICIAN or OFFICE STAMP _____ Date

If Doctor's form is substituted, be sure permission to treat is signed and exam date is noted. These areas are legally essential!

Additional Optional Information

If your child has a severe life-threatening allergy, you must call the campground to personally register that information. Call Sandy Smith at 603-478-3363

Please describe allergies to food:

Please describe allergies to medications (Also fill out Camper Medication Form and bring to registration:

Please describe any other allergies:

Are there specific health concerns you have for your child?

Is your child recovering from a recent illness? If so, please describe the incident, carefully noting any limitations this might create for your child.

According to past experiences, is your child prone to homesickness? Please offer advice:

Are there telephone numbers of additional health professionals that we should have in the event that your child needs their treatment? Please list:

Anything else you want the nurse to know?