

Adult (Staff) Forms

The following is an explanation for completing the forms. All the requested information on the enclosed forms is required by the state of Colorado. Please do not change any of these forms.

★ Children's Camps - Staff Record Form

Front side: This form is a checklist that must be completed by you. It lists all the information required by the State of Colorado and will help you determine if you have all that is required.

Back side: This side is specific to the staff and their qualifications to be staff.

Director: Must be at least 21 years old.
Must provide a resume, emphasizing ability to be director of camp.

Health Provider: Must be R.N., physician or L.P.N.
Must provide a copy of current license.
Must be available to the campers and staff 24/7.
Must go on all day trips.

Special Activities: (check one of the activities that apply)
Must provide a resume, emphasizing qualifications in special activity.
Must provide a copy of certification in special activity.
Must provide a CPR and First Aid certificate.
Must provide a current driver's license.

★ Staff Registration Form

Staff Health History Form

Physician/Nurse Practitioner Statement

It is essential that all the information requested be given.

★ Reference for Verifying Character and Suitability for Working with Children

This form requires 3 references.

★ Letter of Agreement

This form must be completed by the director.

★ Statement of Affirmation

Each staff member must sign this form. If a staff member cannot sign this form then they do not qualify to be staff at your camp.

★ Requirements for CBI Clearance and Central Registry for Children's Camps

This is a form explaining what is required by the state regarding background checks and fingerprinting.

★ World Impact Ministry Release and Waiver of Liability

This form must be completed, front and back for all persons who visit our property. Only one form is necessary per family, in the case of siblings attending or when parent and child attending.

Minimum Rules and Regulations for Children's Camps issued by the Division of Child Care of the Colorado Department of Human Services requires that the following information be obtained from staff and be kept on file in the camp office.

Staff Registration Form

Camp name _____ Dates of camp _____
Staff Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____

In case of an emergency, notify:

Name _____ Phone number _____ Relationship _____

If qualified medical personnel, attach copy of license.

If camp director, attach resume.

Staff Health History Form

Date of last physical exam: _____ (must be within 24 months of camp)

- List communicable diseases and/or serious illnesses or surgeries which staff member has had.
- List any known drug reactions and allergies that staff member has had.
- List any prescriptive or non-prescriptive medications, which the staff member must take.

<u>Medication</u>	<u>strength</u>	<u>dosage</u>	<u>prescribing physician</u>
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- Describe any special diet that the staff member must follow.

Physician/Nurse Practitioner Statement

(Must be signed within 90 days of camp.)

I find the above named individual to be in good physical condition and capable of participating in the above stated camp.

Physician/Nurse Practitioner signature _____

Minimum Rules and Regulations for Children's Camps issued by the Division of Child Care of the Colorado Department of Human Services requires that the following information be obtained from staff and be kept on file in the camp office.

References for Verifying Character and Suitability
for Working with Children

This statement is to verify that _____ is a qualified and trustworthy individual
(staff member)

to act as a staff member for the _____. This individual will be more
(retreat group)

than capable to act as a strong role model for the youth and perform their responsibilities with excellence.

Signed,

Reference #1 signature Relationship

Print name Date

Reference #2 signature Relationship

Print name Date

Reference #3 signature Relationship

Print name Date

Minimum Rules and Regulations for Children's Camps issued by the Division of Child Care of the Colorado Department of Human Services requires that the following information be obtained from staff and be kept on file in the camp office.

LETTER OF AGREEMENT

Staff Name _____
Job Description _____
Hours _____
Time Off _____
Personal Conduct _____

Signed _____ Date _____
(Camp Director)

Signed _____ Date _____
(Staff Member)

Minimum Rules and Regulations for Children's Camps issued by the Division of Child Care of the Colorado Department of Human Services requires that the following information be obtained from staff and be kept on file in the camp office.

STATEMENT OF AFFIRMATION

This statement must be signed by each volunteer (Colorado resident or not) or a paid staff member residing outside Colorado.

To Whom It May Concern:

The following person acknowledges that they have not been convicted of any charge of child abuse or neglect, unlawful sexual offense, or any felony.

Printed Name: _____

Signed: _____

For Children's Camps Only - 2004 Season

Requirements for CBI Clearance and Abuse and Neglect Background Check

	Working less than 14 Days in a Calendar Year	Working More than 14 Days in a Calendar Year	
Volunteers Residing in Colorado	No CBI or Abuse and Neglect Background Check Required.- A statement of Affirmation is Required.	CBI Only is required.-	
Volunteers Residing Out-of-State	No CBI or Abuse and Neglect Background Check Required.- A statement of Affirmation is Required.	No CBI or Abuse and Neglect Background Check Required.- A statement of Affirmation is Required.	An FBI check is optional for all individuals residing out of state. A statement of affirmation is required if an FBI check is not completed.
Paid staff (16 years +)members whose permanent address is in Colorado	CBI and Abuse and Neglect Background Check Required.	CBI and Abuse and Neglect Background Check Required.	
Paid staff members whose Permanent Address is Out-of-State	No CBI or Abuse and Neglect Background Check Required.- A statement of Affirmation is Required.	No CBI or Abuse and Neglect Background Check Required.- A statement of Affirmation is Required.	An FBI check is optional for all individuals residing out of state. A statement of affirmation is required if an FBI check is not completed.

7.701.33 B. Each person exempted from fingerprinting and being checked with the Abuse and Neglect Trails system must sign a statement which affirmatively states the she/he has not been convicted of any charge of child abuse or neglect, unlawful sexual offense, or any felony.

7.701.33 B. Prospective employers of such persons (Exempted from the fingerprinting and being checked with the Abuse and Neglect Trails System Inquiry), must conduct reference checks of the prospective employees in order to verify previous work history and shall conduct personal interviews with each such prospective employee. (Documentation of the 3 required reference checks and the personal interview must be available for review in the staff members file.) (Does Not Apply to Volunteers.)

**WORLD IMPACT MINISTRY RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT (A)**

In consideration of being permitted to attend any World Impact, Inc. (or World Impact subsidiary) activity or enter onto the property of, or into any facility for any purpose, including, but not limited to observation, use of facilities of equipment or participation in any way, or of being transported to or from an activity, the undersigned hereby acknowledges, agrees and represents that he or she has or immediately upon entering will, inspect such premises, activities, equipment, or facilities. It is further warranted that such entry into World Impact's property for observation, participation, or use of any facilities or equipment constitutes an acknowledgment that such premises, activities, and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation, use, or participation.

In further consideration of being permitted to attend any World Impact activity or enter onto World Impact property for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

The undersigned hereby releases, waives, discharges, and covenants not to sue World Impact, Inc. or any of World Impact's subsidiaries, board of directors, employees, agents, or volunteers (hereinafter referred to as 'releasees') from all liability to the undersigned for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premises or any facilities therein, or involved in any activity carried out by the releasees.

The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage or cost they may incur due to the activity or presence of the undersigned in any of the releasees activities or in any way observing or using any facilities or equipment of the releasees including transporting to or from an activity whether caused by the negligence of the releasees, or otherwise.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while involved in any activity of the releasees or in, about or upon, the premises of the releasees and/or while using the premises or any facilities or equipment hereon, including transportation to or from an activity.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned grants permission to use pictures and quotations of the undersigned (or minors listed below) while involved in activities of the releasees to be used in promotional material generated by the releasees.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees no oral representations, statements or inducement apart from the foregoing written agreement have been made.

The undersigned understands that the above release and waiver of liability and indemnity agreement applies to any minor under custodial care whose names are listed below. The undersigned further gives permission for any child listed below to be transported to and from any activity.

Should a practicing doctor deem it necessary, in case of illness or injury, World Impact (or its subsidiaries), or any of its staff, has full consent of the undersigned to give consent for all medical treatment, including surgery for the undersigned or for any minor listed below.

I HAVE COMPLETED THE INFORMATION ON THE BACK SIDE COMPLETELY AND HAVE READ THIS RELEASE.

_____ Signature of Applicant		_____ Printed Name of Applicant		_____ Date
FAMILY INFORMATION (Please print)				
_____ Applicant's Printed Name		_____ Relationship to Child(ren)		
_____ Address		_____ Day Phone Number	_____ Night Phone Number	
_____ City	_____ State	_____ Zip		

COMPLETE REVERSE SIDE

NAMES OF MINOR CHILD(REN)

<u>Name</u>	<u>DOB</u>	<u>Allergies</u>	<u>Social Security Number</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

INSURANCE INFORMATION (Please print)

Name of insured _____ Social Security # _____
Insurance Co _____
Employer's Name _____
Employer's Phone Number _____
Family doctor _____ Phone # _____
Medical/Medicare insurance number _____

EMERGENCY INFORMATION

If parent or guardian cannot be reached contact: (Please print)

Primary Contact _____ Relationship _____
Day Phone _____ Night Phone _____
Secondary Contact _____ Relationship _____
Day Phone _____ Night Phone _____