

Camp Quest of Michigan 2012 C.E.

“it’s Beyond Belief”

APPLICATION FOR STAFF POSITION

Thank you for your interest in a staff position with Camp Quest. You are invited to apply. Please visit the Camp Quest website for the latest info this year.

The camp will be held at Camp Kidwell 4-H in Bloomingdale, Michigan (near Allegan), Michigan. Please plan to arrive the evening of Saturday July 21 as campers will begin to arrive by noon on July 22 -- and must vacate the campsite by 10 am Saturday July 28. We plan to have about forty girls and boys ages 8-17; we will try to offer a separate CIT program again as in previous years. Additional information on the camp and a staff manual will be provided. Please complete, sign, date, and return this application as soon as possible, attaching separate sheets as needed. Please include a recent photograph.

All applications will be reviewed by the Camp Quest Planning Committee. A national criminal/sexual offender background check will be conducted on all applicants. All information is considered confidential. Feel free to contact us if you have any questions. By your signature on this document, you permit Camp Quest to perform the required criminal background check.

You must also complete and return the State of Michigan Central Registry form to complete your background check. You will find it included with these forms and online:
http://www.michigan.gov/documents/dhs/DHS-0194_202955_7.pdf

No staff member is paid. You will travel to camp on your own, and bring your own bed and bath linens or sleeping bag. Once at camp, bed and board are provided. Please read and sign the Volunteer Code of Conduct along with this application.

Camp Quest was conceived, and has been operated since 1996, as a summer camp for the children of the irreligious, for those who have accepted Atheism, or lack of a belief in a supernatural world, by whatever name such may be called, as a conclusion, not as a belief. As such, Camp Quest, while admitting children of any backgrounds who might want to come, has been quite clear that it exists for the children of the irreligious. While there is no doubt a great need for ecumenicalism and accommodation of all belief systems, this is not the reason for the existence of Camp Quest. While we do strive to acquaint our campers with the basic views of various religions, we created Camp Quest to provide our children with a safe haven for non-belief, as a refuge for the irreligious. We attempt to provide our children with a night light in a dark and scary room and to attempt to strengthen them to live in a world largely controlled by doctrines of faith, not by doctrines of reason. Camp Quest staff should share this understanding of the world, even if all campers or their families do not. We do not teach any camper not to believe in god. However, as one camper put it, we do teach them that “It is okay not to believe in god.” All Camp Quests should make a good effort to help and cooperate with each other, keeping forever in mind that the purpose of our endeavor is to attempt to make the future better for our children who are our only future.

Applicants must also complete the Health Form included with this application.

We look forward to receiving your application.

Please mail your completed application to the following address:
Camp Quest of Michigan
P.O. Box 871312
Canton, MI 48187

Phone: 586-707-0898

Email: michigan@camp-quest.org

Web Site: <http://michigan.camp-quest.org>

Camp Quest of Michigan 2012 C.E.

APPLICATION FOR STAFF POSITION

Name:

Address:

Phone:

E-mail:

Fax:

Age & date of birth:

Male/Female:

Marital status/children:

Education:

General state of health:

Do you have any health problems or special needs:

What prior experience have you had with camping:

Have you ever been charged with a crime (if so, please explain fully):

What experience have you had with Atheism, secular humanism, humanism, freethought or anything else you or others might call it?

Why are you interested in working at Camp Quest:

What would you like to do at Camp Quest and how are you qualified to do it:

Please provide three references, with addresses and phone numbers, and a brief statement of how each of them knows you. **At least one reference must be a person who can confirm your participation or membership in a freethought/secular/irreligious group** (you wouldn't believe how many fundamentalists want to become counselors). Add more sheets if necessary. By your signature below, you agree we that we may contact them, and that we may conduct a criminal records background check on you. This is requested for everyone's protection, and is required by law for all applicants, including members of our own camp planning committee.

Reference #1:

Reference #2:

Reference #3:

Social Security No. (This will be kept confidential, and used only for the purpose of a background check):

Please attach a recent photograph. By signing below, you agree that this photo, and any photos already taken, or that may be taken, of you at Camp Quest can be used in promotional materials for Camp Quest.

Signature and Date: _____

Volunteer Rules of Conduct

Certain standards of volunteer staff conduct and discipline are essential for Camp Quest to operate efficiently. Such standards or rules of conduct are established to help everyone become as effective as possible and to ensure that all employees are treated equally and fairly. All volunteers are expected to follow the rules and regulations of Camp Quest and of 4-H Camp Kidwell as applicable to Camp Quest volunteer staff.

The following list, which is neither complete nor exhaustive, contains examples of some but not all of the conduct which is prohibited. Such conduct is prohibited regardless of whether it occurs on the premises or in conjunction with work assignments at Camp Quest. The following actions may result in discipline, up to and including dismissal from camp. This list in no way constitutes a limitation of the right of the ability of Camp Quest to terminate volunteer services for any reason and at any time, with or without notice.

- a. Engaging in horseplay or reckless conduct that endangers the safety of campers, other volunteers, or Camp Kidwell employees.
- b. Using profanity toward a camper, a fellow volunteer, or Camp Kidwell employee.
- c. Gambling or soliciting for lotteries on the premises.
- d. Violating any safety instructions or safety rules established by 4-H Camp Kidwell.
- e. Negligent or willful defacing, misuse, or destruction of Camp Kidwell equipment or facilities.
- f. Using materials and supplies in a wasteful or careless manner.
- g. Operating machines or using Camp tools and equipment for personal reasons without prior approval of the Camp Director.
- h. Creating or contributing to unsanitary and/or unsafe conditions by improperly disposing of refuse or waste.
- i. Being discourteous toward campers, other volunteers, or Camp Kidwell employees.
- j. Theft, unauthorized possession, removal, or use of property belonging to campers, other volunteers, or Camp Kidwell employees.
- k. Smoking. Camp Quest is a smoke-free environment.
- l. Violation of the posted no solicitation/no distribution policy.
- m. Use or possession of alcoholic beverages, illegal drugs or controlled substances, guns, knives, or other deadly weapons while on company property, including parking lots or in company vehicles.
- n. Fighting on camp premises, including parking lots, or off camp premises while on camp-related assignments.
- o. Threatening or intimidating a fellow volunteer, Camp Kidwell employee or supervisor with physical harm.
- p. An act or failure to act, detrimental to the best interest of the Camp or its employees.
- q. Reporting to work or operating Camp equipment or vehicles while under the influence of illegal drugs, controlled substances, or alcoholic beverages.

I have read and understand each of these rules, and agree to abide by these rules and other direction from the Camp Quest Director.

Signed: _____ Dated: _____

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P.O. Box 871312
Canton, MI 48187

Phone: 586-707-0898
Email: michigan@camp-quest.org
Web Site: <http://michigan.camp-quest.org>

HEALTH HISTORY RECORD

Michigan Department of Human Services

Dear Authorized Person:

The following information is request so that the Camp can better meet the physical, intellectual, and emotional needs of the camper. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

Camper's Name (Last)		First		Middle	Sex	Date of Birth
Address (Number and Street)			City		Zip	Telephone (Home)
Authorized Person's Name (Last)		First		Middle	Telephone (Work)	
Address (Number and Street)			City		Zip	Telephone (Emergency)
Is the camper having any of the problems listed below?				Yes	No	
1.	Hay fever, asthma, or wheezing		<input type="checkbox"/>	<input type="checkbox"/>	7.	Trouble with passing urine or bowel movements
2.	Eczema or frequent skin rashes		<input type="checkbox"/>	<input type="checkbox"/>	8.	Shortness of breath
3.	Convulsions/seizures		<input type="checkbox"/>	<input type="checkbox"/>	9.	Speech problems
4.	Heart Trouble		<input type="checkbox"/>	<input type="checkbox"/>	10.	Menstrual Problems
5.	Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	11.	Dental problems
6.	Frequent colds, sore, throats, ear aches (4 or more per Year)		<input type="checkbox"/>	<input type="checkbox"/>	12.	Other

Please explain any problem areas identified above including any current infectious diseases:

If female has she been told about menstruation (answer if appropriate)		Has she menstruated (answer if appropriate)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Operations or Injuries

Explain Any Special Health, Behavioral or Emotional Consideration(s)

Medication Needed or Used (Including Psychiatric)			Currently Being Given	
Kind	Frequency	Dosage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), Bedwetting, Fainting, Sleep Walking, etc.

IMMUNIZATION		Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping cough)	Measles	Rubella	Hepatitis B	Other
	Date Initial Immunization Completed									
	Date of Most Recent Booster									

Should the camper's activity be restricted because of any physical limitation or illness? No Yes If yes, explain degree of restriction:

I certify that this information is true to the best of my knowledge.	Authorized Person's Signature	Date
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The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan
Michigan Department of Human Services

INSTRUCTIONS: Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See www.michigan.gov/canregistryclearance for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known (Maiden Names/Former Names)		

Indicate below how you want to receive the results of the central registry clearance:

I would like the results mailed to the address on my picture identification.

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

I would like to pick up the results from the local DHS office.

IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.

I would like the results mailed to:

Employer/Potential Employer

Address:

Volunteer Agency

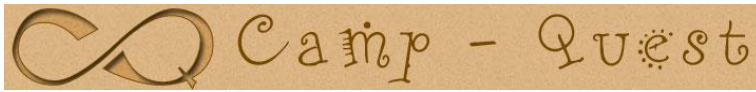
Address:

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

Signature of Requestor	Signature of DHS Staff Person Completing Request
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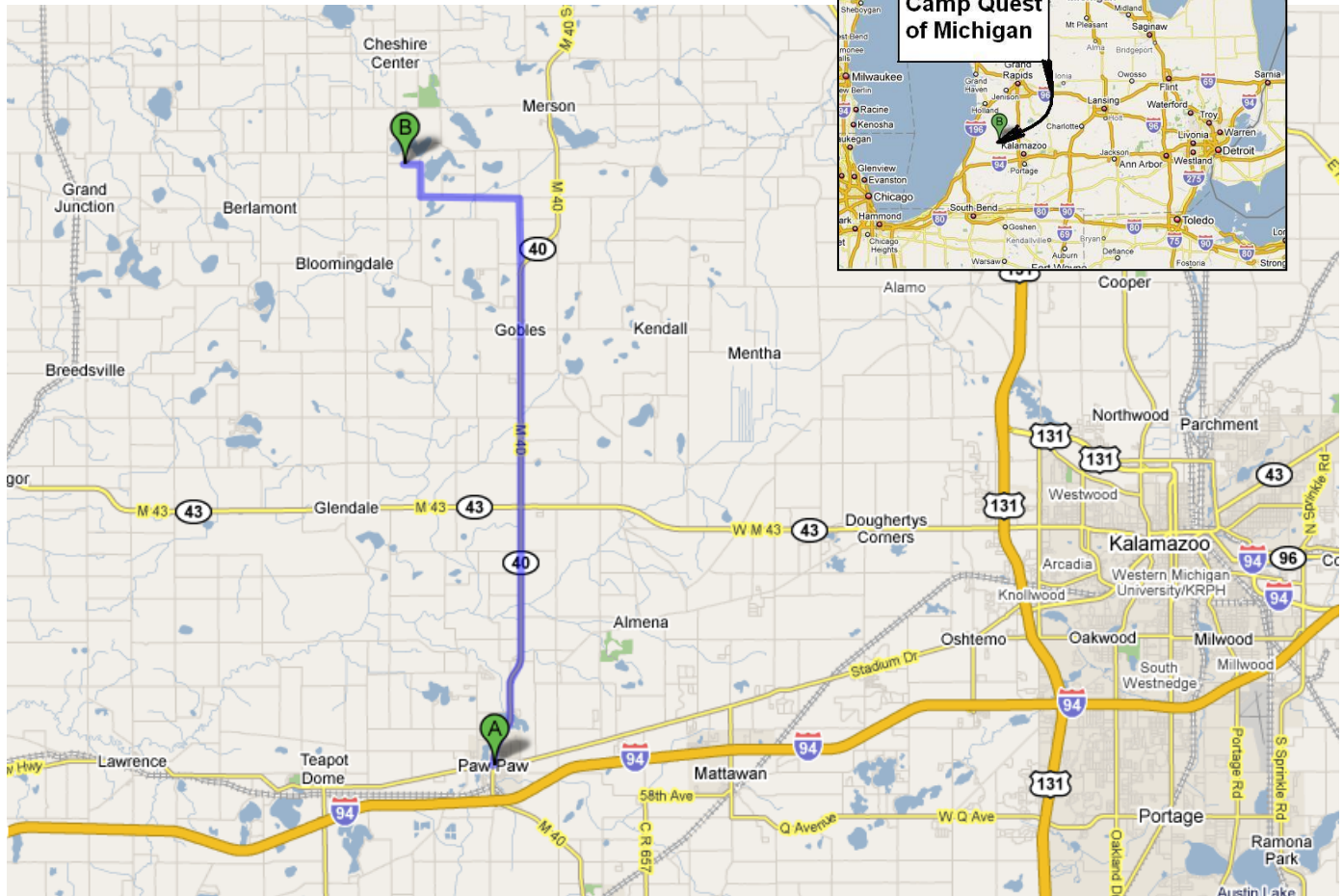
AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j
RESPONSE: Voluntary
PENALTY: Inappropriate release of this information is a misdemeanor.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



it's beyond belief!

Camp Quest of Michigan, P.O. Box 871312, Canton, MI 48187



From Interstate 94 at Paw Paw, Michigan:

1. Head north on N Kalamazoo Street/MI-40 --- travel 11.4 mi
2. Turn left at 34th St --- travel 1.6 mi
3. Turn left at County Hwy-390/County Rd-390 --- travel 2.2 mi
4. Turn right at 3850th St --- travel 0.7 mi (careful not well marked, & signs are hard to read!)
5. Turn left at 1st Ave --- travel 0.4 mi

Camp Kidwell
39000 1st Ave
Bloomingdale, MI 49026
(269) 521-3559