

Dear Counselors,

PLEASE READ EVERYTHING AND COMPLETE YOUR PACKET. THERE ARE GUIDLINES AND STANDARDS WE MUST FOLLOW FROM THE DEPARTMENT OF CHILDREN'S AND FAMILIES AND STATE LAW SINCE WE ARE RUNNING A SUMMER CAMP FOR CHILDREN.

In your application packet, there are several forms. The first is our regular application. Please completely fill it out. The second form is an affidavit of good moral character. This needs to be signed in front of a notary. Most banks have a notary or you can look online to find one near you. The last form in your packet is your form for fingerprint scanning. Please fill it out completely and send it back to me as soon as possible. Once I receive your application, I will enter your information into the system. If you are NOT in their database, you will have to get your fingerprints scanned. I will call you and give you the information you need to get this done. If you had this done last year, you will probably not have to rescanned but I will still need to enter your information for approval purposes.

This process is not a quick and easy one, so please give us time to make sure everything is done correctly according to Department of Children's and Families and state law. Just a reminder, if we do not receive your background check before the beginning of camp, you will not be able to attend.

If you have any questions, feel free to give me a call.

Tess
850-508-3022

One more thing: This year, we will have a no cell phone policy for the campers at camp. While this does not pertain to the adults, we are asking that you keep your cell phone time to a minimum. You will still be allowed to take pictures but being on your phone to check messages, snapchat, Facebook, etc. is discouraged. We should be spending as much time with our campers as we can.

CAMP AMIGO 2018
JULY 15-21, 2018
NANTAHALA OUTDOOR CENTER, BRYSON CITY NC
***ADULT* APPLICATION**

NAME: _____

SEX: MALE _____ FEMALE _____ AGE: _____

ADDRESS: _____

DATE OF BIRTH: _____

MARITAL STATUS: _____

PHONE: _____

EMAIL: _____

HEALTH INS CO: _____

EMPLOYER: _____

POLICY#: _____

ADDRESS: _____

HEALTH PROBLEMS: Y _____ N _____

DETAILS: _____

PHONE: _____

POSITION: _____

ALLERGIES: _____

T-SHIRT SIZE (S-XXXL): _____

LIST ANY FIRST AID, CPR, OR LIFEGUARD EXPERIENCE INCLUDING EXPIRATION DATES:

LIST ANY PRIOR COUNSELING, RECREATIONAL, OR LEADERSHIP EXPERIENCE WITH CHILDREN:

IN CASE OF EMERGENCY, CONTACT: _____

RELATIONSHIP: _____ **PHONE:** _____

**HAVE YOU EVER BEEN CONVICTED OF A CRIME INCLUDING SEXUAL RELATED OR CHILD ABUSE
RELATED OFFENSES? NO _____ YES _____ IF YES, EXPLAIN _____**

**I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND
CORRECT AND I AGREE TO RELEASE MY MEDICAL INFORMATION, IF NECESSARY.**

SIGNATURE: _____ **DATE:** _____

Camp Amigo 2018
Illegal Drugs and Alcohol Policy

Camp Amigo's policy is quite simple:

ZERO TOLERANCE

This means **NO ALCOHOL** from the time you get there until the time you leave.

In addition to no alcohol, **NO ILLEGAL SUBSTANCES OF ANY KIND** will be permitted. If there is suspicion of either alcohol or an illegal substance, you will be asked to leave the premises immediately. **If you are found with alcohol or any illegal substance, law enforcement will be notified and you will be cited and/or arrested. THIS IS NO JOKE!**

Signature: _____ Date: _____

Camp Amigo Policies

Alcohol

- The possession or consumption of alcohol by anyone regardless of location is prohibited. It is against state law to possess or consume alcohol in a state park.

Tobacco

- The use of tobacco by campers is prohibited. The use of tobacco by adults is only in designated areas and shielded from campers.

Illegal Drugs/ Weapons

- The possession of any substance/ weapons will not be tolerated.

Camp Boundaries

- Campers and counselors must stay only in areas mapped out by the camp.

Curfew

- Campers must be in their designated cabins at lights out. Counselors may be outside the cabin but there must be at least two counselors inside the cabin while campers are asleep. We request all counselors be in cabins by 1 am.

Cabin Assignments

- At no time will male campers be allowed in female cabins or female campers are allowed in male cabins. Cabins will be kept neat. We are responsible for damages to cabins. Counselors should report any damage to staff immediately. The A/C in cabins is set and IS NOT to be tampered with.

Supervision

- Campers are to be under the **DIRECT** supervision of a counselor at all times. For legal purposes, when a camper seeks assistance, one counselor and another adult should always accompany them. Having a group will reduce any chance of misunderstandings that may occur.
- **NO COUNSELOR SHALL EVER BE ALONE WITH A CAMPER....EVER.... THERE SHOULD BE NO LESS THAN 3 PEOPLE TOGETHER AT ONE TIME!**

Liability

- All counselors must exercise caution in working with campers and anticipate any potentially hazardous situations. Good judgment must be utilized. Each counselor must recognize the consequences of his/her behavior when with the campers. Conscientious supervision at all times is mandatory. The welfare and safety of each camper is extremely important.

Privacy

- Privacy of campers and counselors is important and should be respected. Avoid any actions, comments or information that may place the camper or counselor in an embarrassing or uncomfortable situation. (i.e. comments regarding weight, speech pattern, gender, sex, race, color, religion, etc.) Also remember that this is communal living and therefore there is no expectation of true privacy.

Relationships with other counselors

- Relationships formed with other counselors should be appropriate and in the best interest of the camp. Any problems that may affect the camp's operation must be called to the coordinators attention. Information about such relationships will remain among staff members, and may not be brought to the attention of the campers.

Camper "Crushes"

- Campers can form a strong bond with their counselor. Counselors should be aware that adolescent campers might develop romantic fondness for a counselor or other staff member.

Touching

- Never touch a camper or counselor on a part of the body normally covered by a bathing suit or in any way that makes them uncomfortable.

Behavior Problems

- Counselors should seek assistance for cabin leaders when having behavior problems with a camper. If the problem can't be resolved, seek assistance from the coordinator.

Raiding

- Raiding of rooms is prohibited. Though raids may be considered fun, they always end up messing up someone's personal stuff, damaging facilities, and wasting resources.

Professionalism

- Counselors create a friendship with campers. The tendency to want to pat a camper on the back, hold their hand or give them a hug is natural, but always maintain a level of professionalism and be careful and conscious of how you physically interact with your camper. If you are unsure of the appropriateness of an action, then don't do it. Always SHOW RESPECT FOR THE CAMPER.

Being on time

- Our schedule at camp is very laid back. So on the few occasions we do have a designated meeting time, it is important that you and your camper be on time.

Signature: _____ Date: _____

Camp Amigo 2018

Waiver and Release

Release to use photos and/or film

I will be attending Camp Amigo from July 15 through 21, 2018 and will be participating in activities offered. I give my permission for Children's Burn Camp of North Florida, Inc. to take photographs (digital or otherwise) and video footage of me. I understand that photographs and video that include me may be used to provide the general public and others information regarding burn injuries and prevention, and to inform them about camps like ours.

Signature: _____ Date: _____

Release of Liability (Adults)

I will voluntarily be participating in activities provided at Camp Amigo from July 15th through July 21st, 2017. As I am voluntarily participating, I hereby release liability, and agree that no claims will be made by me, my family, or my estate against Children's Burn Camp of North Florida, Inc. and/or any burn centers or hospitals attending or represented at camp, because of any injuries or damages sustained while attending camp.

I further agree that if I require medical treatment and can no longer communicate, I authorize the Camp Director or any member of the medical staff to give authorization for treatment. I understand and agree that Children's Burn Camp of North Florida, Inc does not assume legal or financial responsibility for payment of any medical claims not covered by my insurance company.

I also agree to abide by the **ABSOLUTELY NO ALCOHOL OR LEGAL SUBSTANCES OF ANY KIND**, a camp rule.

I understand that no fees are charged to me for attending this camp.

Signature: _____ Date: _____



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, says:

I am an applicant for employment as a direct service provider or other individual screened pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes, or I am currently employed as a direct service provider with:

By signing this form, I swear and affirm that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of the adjudication, any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I attest that I have not been arrested for any of the following offenses and am currently awaiting disposition. I also attest that I have not been adjudicated delinquent for any of the following offenses, regardless of whether the records have been sealed or expunged.

I understand that I must acknowledge the existence of any criminal records relating to the following list of offenses. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes. I further understand that the list stated below is subject to change and may include offenses that were not previously included.

NOTE: *The following list of offenses has been updated August 1, 2010, and includes offenses specifically applicable to direct service providers under Chapter 393, Florida Statutes.*

Offenses Relating to:

- Sections: 393.0674 Felony offenses for the release or use of information from juvenile records of the Agency for Persons with Disabilities for any purpose other than screening for employment
- 393.135 Sexual misconduct with certain developmentally disabled clients or threats and/or coercion relating to reports or testimony of sexual misconduct
- 394.4593 Sexual misconduct with certain mental Health patients
- 409.920 Medicaid provider fraud
- 409.9201 Medicaid fraud
- 415.111 The filing or disclosure of information from reports of adult abuse, neglect, or exploitation of aged persons or disabled adults
- 741.30 Criminal acts that constitute domestic violence as defined in section 741.28, Florida Statutes
- 782.04 Murder
- 782.07 Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- 782.071 Vehicular homicide
- 782.09 Killing of an unborn child by injury to the mother
- Chapter: 784 Assault, battery, and culpable negligence, if the offense was a felony.
- Sections: 784.011 Assault, if the victim of offense was a minor
- 784.03 Battery, if the victim of offense was a minor
- 787.01 Kidnapping
- 787.02 False imprisonment
- 787.025 Luring or enticing a child for an unlawful purpose
- 787.04(2) Taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
- 787.04(3) Carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- 790.115(1) Exhibiting firearms or weapons within 1,000 feet of a school

CONTINUED ON NEXT PAGE

	790.115(2)(b)	Possessing an electric weapon or device, destructive device, or other weapon on school property
	794.011	Sexual battery
	794.041	Former offenses for prohibited acts of persons in familial or custodial authority
	794.05	Unlawful sexual activity with certain minors
Chapter:	796	Prostitution
Section:	798.02	Lewd and lascivious behavior
Chapter:	800	Lewdness and indecent exposure
Section:	806.01	Arson
Sections:	810.02	Burglary
	810.14	Voyeurism, if the offense is a felony
	810.145	Video voyeurism, if the offense is a felony
Chapter:	812	Felony offenses for theft and/or robbery and related crimes
Sections:	817.034	Fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
	817.234	False and fraudulent insurance claims
	817.505	Patient brokering
	817.563	Felony offenses for the fraudulent sale of controlled substances
	817.568	Criminal use of personal identification information
	817.60	Obtaining a credit card through fraudulent means
	817.61	Felony offenses for the fraudulent use of credit cards
	825.102	Abuse, aggravated abuse, or neglect of an elderly person or disabled adult
	825.1025	Lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
	825.103	Felony offenses for the exploitation of an elderly person or disabled adult
	826.04	Incest
	827.03	Child abuse, aggravated child abuse, or neglect of a child
	827.04	Contributing to the delinquency or dependency of a child
	827.05	Negligent treatment of children
	827.071	Sexual performance by a child
	831.01	Forgery
	831.02	Uttering forged instruments
	831.07	Forging bank bills, checks, drafts, or promissory notes
	831.09	Uttering forged bank bills, checks, drafts, or promissory notes
	843.01	Resisting arrest with violence
	843.025	Depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
	843.12	Aiding in an escape
	843.13	Aiding in the escape of juvenile inmates in correctional institution
Chapter:	847	Obscene literature
Section:	874.05(1)	Encouraging or recruiting another to join a criminal gang
Chapter:	893	Drug abuse prevention and control if the offense was a felony or if any other person involved in the offense was a minor
Sections:	916.0175	Sexual misconduct with certain forensic clients and reporting requirements for such sexual misconduct
	944.35(3)	Inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
	944.40	Escape
	944.46	Harboring, concealing, or aiding an escaped prisoner
	944.47	Introduction of contraband into a state correctional facility
	985.701	Sexual misconduct in juvenile justice programs
	985.711	Contraband introduced into detention facilities

CONTINUED ON NEXT PAGE

ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position. This means that I have not been found guilty of or entered a plea of guilty or nolo contendere (no contest) to, regardless of adjudication, any of the offenses listed above or any similar statute of another jurisdiction. I attest that I have not been arrested for any of the above offenses and I am not currently awaiting disposition of any of the above offenses. I also attest that I have not been adjudicated delinquent for any of the above offenses, regardless of whether those records have been sealed or expunged.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Signature of Affiant

OR

I swear or affirm that I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be providing services that are within the scope of my licensed practice, and I am not subject to the screening provisions of section 393.0655, Florida Statutes.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____

My commission expires

NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by



Care Provider Background Screening Clearinghouse Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

Applicant Information

*First Name: _____
Middle Name: _____
*Last Name: _____
Aliases: _____
*SSN: _____
*Date of Birth: _____
*Place of Birth: _____

Demographics

*Sex: _____
*Race: _____
*Hair Color: _____
*Eye Color: _____
*Height: _____
*Weight: _____

Contact Information

*Address Line 1: _____
Address Line 2: _____
*City: _____
*State: _____
*Zip: _____
County _____
Prior States: _____
Email: _____
Phone: _____

*Denotes Required Fields