



# SUMMER CAMP

## HEALTH SERVICES STAFF NEEDED

We are looking for Health Services Staff for:

- Week 1- Sr/Jr High 2- July 5-9
- Week 2- Sr High- July 12-16
- Week 3- Sr/Jr High 2- July 19-23
- Week 5- Kids Camp 1- Aug 2-6
- Week 6- Kids Camp 2- Aug 9-13

We accept those that have the following qualifications:

- Physician licensed in WI
- Nurse practitioner licensed in WI
- Registered nurse licensed in WI (LPN)
- National athletic trainers association certified trainer
- Emergency Medical Technician or Paramedic
- Currently certified as completing American Red Cross Emergency Response Course or equivalent

Must have a desire to impact the lives of campers in a positive way  
as you care for their physical needs

If interested, please contact Liz at 715.258.8643  
or email [admin@studentmin.com](mailto:admin@studentmin.com)

# HEALTH SERVICES STAFF

[CAMP NURSE]

P.O. Box 309 . Waupaca, WI 54981 . 715.258.8643  
[admin@studentmin.com](mailto:admin@studentmin.com)

Campgrounds: N1385 Cty Hwy E - Waupaca, WI - On beautiful Spencer Lake

## 2020 CAMP DATES

#1 - Jr/Sr High 1 - July 5-9

#2 - Senior High - July 12-16

#3 - Jr/Sr High 2 - July 19-23

#4 - Junior High - July 26-30

#5 - Kids Camp 1 - August 2-6

#6 - Kids Camp 2 - August 9-13

Two health services staff members will be scheduled for duty each week,  
Monday 8:00 am through Friday afternoon approximately 2:00 pm.

### HEALTH SERVICES STAFF

#### PERSONAL QUALIFICATIONS

A desire to impact the lives of campers in a positive way as you care for their physical needs.

#### PROFESSIONAL QUALIFICATIONS

If you meet any of the following qualifications, please consider joining the Spencer Lake Youth Camp health services staff this summer:

- A physician licensed in Wisconsin.
- A nurse practitioner licensed in Wisconsin.
- A registered nurse licensed in Wisconsin.
- A physician assistant licensed in Wisconsin.
- A practical nurse licensed in Wisconsin (LPN)
- A national athletic trainers association certified trainer.
- An emergency medical technician or a paramedic.
- A person currently certified as completing the American Red Cross Emergency Response Course or equivalent.

Must hold current certification from the American Red Cross for CPR for the Professional Rescuer or the American Heart Association for Health Care Provider CPR or equivalent age-appropriate cardiopulmonary resuscitation.

Must be comfortable using a computer, iPad or laptop to record camper treatment and access online medical records.

The up-to-date health station on campus includes:

- two private staff sleeping rooms
- patient room
- full bathroom
- washer & dryer
- kitchen area
- locked medicine cabinet
- receiving area

All meals are provided.

An honorarium is given to camp health services staff.

Please contact us for further details and a health services staff application:  
715.258.8643 . [admin@studentmin.com](mailto:admin@studentmin.com)

2021 SPENCER LAKE SUMMER CAMP  
HEALTH SERVICES QUALIFICATIONS

CAMP	INITIAL	DATE
DIR		
APPR		

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HEALTH SERVICES MEDICAL QUALIFICATIONS

COPY OF CURRENT MEDICAL LICENSE OR CERTIFICATE IS ATTACHED. EDUCATION/SPECIAL TRAINING: \_\_\_\_\_

Physician  Nurse Practitioner  LPN  RN \_\_\_\_\_

Physician's Asst  EMT/Paramedic \_\_\_\_\_

Certified Athletic Trainer  CPR Certified \_\_\_\_\_

Other \_\_\_\_\_

**INFORMATION AUTHORIZATION AND RELEASE**  
**SPENCER LAKE SUMMER CAMP STAFF APPLICANT**  
*Applicant: Please complete if Employer or Pastor cannot verify that a current background check is on file.*

PLEASE PRINT

NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_

MAIDEN NAME OR OTHER NAMES USED: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

In completing the Spencer Lake Summer Camp application, I <sup>[NAME]</sup> \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_ understand, represent and agree that:

- 1. As part of the Spencer Lake Summer Camp procedure for verifying the information provided by me on the Spencer Lake Summer Camp application form or evaluating me as a staff member or volunteer leader, Spencer Lake Summer Camp/Wisconsin/Northern Michigan District Assemblies of God (WNMD A/G) may contact persons, employers and/or organizations named by me in this form; conduct a national criminal background check; conduct a sex offender registry check; a social security trace or other appropriate background investigative reports which may include information gathered through personal interviews with third parties, family members, and persons, with whom I am acquainted. I consent to Spencer Lake Summer Camp/WNMD A/G making such checks and understand that this may include information regarding my character, general reputation, and personal characteristics. I further agree to sign any and all documents, consents and/or agreements which may be necessary for Spencer Lake Summer Camp/ WNMD A/G and its authorized representatives and/or designees to complete the above. By signing this form, I authorize Spencer Lake Summer Camp/ WNMD A/G to request and obtain the information described above. Further, I release Spencer Lake Summer Camp/WNMD A/G and its denominational agency, affiliates, related entities, agents, employees, and officers (collectively "Organization") and all references from any claim or liability whatsoever arising out of such request or any information disclosed in response thereto, and I agree to hold the Organization and all references harmless and will not to bring any action or assert any claim against the Organization or any reference on account thereof.
- 2. I understand that my providing of false or misleading material information or my failure to state material facts either in this form or in any interview will result in the immediate rejection of my application as an Spencer Lake Summer Camp staff member or volunteer team member or immediate dismissal if such false or misleading information is discovered after any Spencer Lake Summer Camp application is accepted by Spencer Lake Summer Camp/WNMD A/G.

I have read and understand the above and affirm that the information I have provided on the application is true and correct. **A photocopy or facsimile of this authorization shall be as valid as the original.**

APPLICANT PRINTED NAME: \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MAIL TO: Spencer Lake Summer Camp P. O. Box 309 – Waupaca, WI 54981 FAX TO: 715.942.8366 PHONE: 715.258.8643 EMAIL TO: admin@studentmin.com

## PASTOR REFERENCE SPENCER LAKE SUMMER CAMP – HEALTH SERVICES

**Instructions to Applicant:** Please fill in applicant information below and give this form to your PASTOR. Person completing the reference may not be related to the applicant.

**APPLICANT NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**Instructions to Pastor:** Thank you for assisting us with this screening process. [Please note—the person completing this form may not be related to applicant.] The applicant named above has applied to serve for one or more weeks in healthcare services at Spencer Lake Summer Camp. Please answer the questions to the best of your knowledge and complete the information at the bottom of the form. Spencer Lake Summer Camp is a nonprofit faith-based organization offering a summer camp experience for children in Grades 3-12.

**Spencer Lake Summer Camp requests verification of a background check if this person's association with the church has required a background check.**

Yes  No **A clean background check is verified.**

Place an "X" at the appropriate level of qualification, 5 being the highest, and note any comments that further describe this person.

	LOW		HIGH			COMMENTS
	1	2	3	4	5	
PHYSICAL						
EMOTIONAL						
SOCIAL						
SPIRITUAL						
ATTITUDES						
HABITS						
SKILLS						

Limitations/weaknesses we should be aware of: \_\_\_\_\_

Skills/abilities you have noticed: \_\_\_\_\_

- I am personally acquainted with applicant and in my opinion declare that applicant is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness.
- Based on my knowledge of applicant I do NOT recommend him/her for 2021 Spencer Lake Summer Camp.

ADDITIONAL COMMENTS: \_\_\_\_\_

**PLEASE PRINT:**

Name \_\_\_\_\_

Church \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Church City \_\_\_\_\_

Office Phone \_\_\_\_\_

Date Signed \_\_\_\_\_

COMPLETED REFERENCES MAY BE MAILED, FAXED OR EMAILED TO SPENCER LAKE SUMMER CAMP:

**MAIL TO:** Spencer Lake Summer Camp  
P. O. Box 309 - Waupaca, WI 54981

**FAX TO:** 715.942.8366  
**PHONE:** 715.258.8643

**EMAIL TO:** admin@studentmin.com

# EMPLOYER/PROFESSIONAL ASSOCIATE REFERENCE FORM

## SPENCER LAKE SUMMER CAMP – HEALTH SERVICES

**Instructions to Applicant:** Please fill in applicant information below and give this form to your employer or a professional associate. Person completing the reference may not be related to the applicant.

**APPLICANT NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Mid Initial \_\_\_\_\_

**Instructions to the Referrer:** Thank you for assisting us with this screening process. The person completing this form may not be related to the applicant. The applicant named above has applied to serve for one or more weeks as a health care provider. Please answer the questions to the best of your knowledge and complete the information at the bottom of the form. Spencer Lake Summer Camp is a nonprofit faith-based organization offering a summer camp experience for children in Grades 3-12.

**Spencer Lake Summer Camp requests verification of a background check dated after July 2020 if required by your organization.**

**Yes**  **No**  **N/A** **A clean background check is verified. Date of Background Check**

1. What are applicant's strengths in field of employment? \_\_\_\_\_  
\_\_\_\_\_
2. What are the applicant's areas for improvement? \_\_\_\_\_  
\_\_\_\_\_
3. Describe applicant's relationships with children: \_\_\_\_\_  
\_\_\_\_\_
4. Describe the applicant's relationships with colleagues and supervisors: \_\_\_\_\_  
\_\_\_\_\_
5. Describe the applicant's dependability: \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any reservations or adverse information regarding the applicant's suitability for working in a program for minors?  Yes  No  
If yes, please explain: \_\_\_\_\_
7. Is there any additional information that you think we should know about the applicant? \_\_\_\_\_  
\_\_\_\_\_

### REFERRER INFORMATION - PLEASE PRINT:

Referrer Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I have known applicant as a/an:  Employer  Co-Worker  Student  Volunteer  Other \_\_\_\_\_

Dates of employment or length of time you have known applicant (mm/yy): FROM \_\_\_\_\_ to \_\_\_\_\_

Position/job title of applicant when employed: \_\_\_\_\_

Your position: \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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