

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 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 be easing up on cell phone policy a little. We are asking that you keep your cell phone time to a minimum and make sure your camper is not on their cellphones the entire time. 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 2024
JULY 8-12, 2024
FLORIDA STATE FIRE COLLEGE OCALA, FL
***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 ___

PHONE: _____

DETAILS: _____

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 2024
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 coordinator's 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 2024

Waiver and Release

Release to use photos and/or film

I will be attending Camp Amigo from July 8 through 12, 2024 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 8th through July 12th 2023. 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: _____



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