

# Camp Winnekeag

"The Camp That Cares"



## BACKGROUND INQUIRY RELEASE FORM

### Background Inquiry Release Form

In connection with my application for employment, including contract for services or volunteer work with you, I understand that investigative background inquiries are to be made on myself including criminal convictions, sex offenses, driving & motor vehicle records, and other reports. These reports may include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civic and/or other experiences. In an effort to establish a work history, my social security number will also be verified.

I authorize without reservation, any party or agency contracted by this employer to furnish the above mentioned information. I hereby give consent to your obtaining any or all of the above information.

I understand that proper identification of my records requires the following information, and possible additional information, as necessary on request by employer.

Print Name \_\_\_\_\_  
Last Middle First

Maiden Name or Alias (If Applicable) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc Sec # \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender \_\_\_\_  
(MM/DD/YEAR)

Driver's License # \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Previous Address 1 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**I AM FULLY AWARE THAT A BACKGROUND AND SOCIAL SECURITY CHECK WILL BE MADE.  
MY SIGNATURE BELOW INDICATES THAT I AM GIVING PERMISSION FOR SUCH.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parental Signature if Applicant is a Minor \_\_\_\_\_

# CRIMINAL RECORD INQUIRY FORM

## Camp Winnekeag "The Camp That Cares"



EOHHS

### CHAPTER 6, § 172G CORI REQUEST FORM

Camp Winnekeag is requesting all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

#### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YEAR)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY #  
(Requested but not required)

\_\_\_\_\_  
\*ID Theft Index PIN (if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

Current Address: \_\_\_\_\_

Former Address 1: \_\_\_\_\_

Former Address 2: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

\*\*\*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF  
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**

# SEX OFFENDER INQUIRY FORM

## Camp Winnekeag "The Camp That Cares"



COMMONWEALTH OF  
MASSACHUSETTS  
SEX OFFENDER  
REGISTRY BOARD

### REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, PO Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not readily available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.* All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's Name: Joanne Cortes Date of Birth: \_\_\_\_\_

Street Address: PO Box 1169 Telephone: (978) 365-4551

City/State/Zip: South Lancaster, MA 01561

I swear, under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts. **PLEASE PRINT CLEARLY.**

Subject's Name: \_\_\_\_\_

Date of Birth/Approximate Age: \_\_\_\_\_

Address: \_\_\_\_\_

Personal Identifying Characteristics: Sex\_\_\_\_ Race\_\_\_\_ Hgt\_\_\_\_ Wgt\_\_\_\_ Eye Color\_\_\_\_ Hair Color\_\_\_\_

Other Information (e.g. License Plate, Parents Name, Etc.): \_\_\_\_\_

#### \*\*\*\*\*WARNING\*\*\*\*\*

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 275, § 178c-178p FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1,000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHABLE BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).**

### All Camp Staff



<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>Name</span> <span>Birth date</span> </div> <div style="display: flex; justify-content: space-between; padding-top: 5px;"> <div style="width: 33%; text-align: center;"> <i>Last</i> </div> <div style="width: 33%; text-align: center;"> <i>First</i> </div> <div style="width: 33%; text-align: center;"> <i>Middle</i> </div> </div>	<div style="display: flex; justify-content: center; align-items: center; border-bottom: 1px solid black; padding-bottom: 5px;"> <span>/</span> <span>/</span> </div> <div style="text-align: center; padding-top: 5px;"> <i>MM / DD / YYYY</i> </div>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Home Address

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Names known by (e.g. Maiden name) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone or Business Phone \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_

*Street Address*
*City*
*State*
*Zip*

1. Previous residence(s) in the last 5 years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? \_\_\_\_\_

If yes, please explain: (Use a separate sheet if necessary.)

☐ Yes ☐ No

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally challenged person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with the intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use a separate sheet if necessary.)

☐ Yes ☐ No

[Type text]

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  
If yes, please explain: (Use a separate sheet if necessary.) ☐ Yes ☐ No

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  
If yes, please explain: (Use a separate sheet if necessary.) ☐ Yes ☐ No

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6. Have your parental right ever been terminated for reasons involving sexual or physical abuse of children?  
If yes, please explain: (Use a separate sheet if necessary.) ☐ Yes ☐ No

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I understand that:

- a. The camp may deny employment to any person who answers "yes" to any one of the questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) Have a history of complaints of abuse of a minor;
  - 2) Have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) Have falsified or omitted information in this disclosure statement
- d. This disclosure statement must be updated yearly.

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

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Camp Winnekeag; PO Box 1169, South Lancaster, MA 01561 ■ Telephone 978-365-4551 Fax 978-365-3838**

[Type text]



## Health History and Examination for Camper/Staff

### Directions

- Sections 1, 2, & 3 must be completed by parent/guardian of minor (or by adult camper/staff 18 or older for themselves). (Each year)
- Section 4 must be completed and signed by examining physician (Every 24 months)  
(\*If for religious reasons, you cannot do sections 3 and 4, contact (978) 365-4551 x 620 for a legal waiver which must be signed for attendance.)
- BRING THIS FORM TO CAMP. DO NOT MAIL.**

### ❶ Personal & Emergency Contact Information

Camper/Staff Name \_\_\_\_\_ Gender M F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip Code

Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Second Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### ❷ Allergies/Health History/Medical Insurance

**Allergies:** ☐ No known allergies. ☐ This camper/staff is allergic to: ☐ Environment (e.g., insect bites, sun) ☐ Food ☐ Medicine ☐ Other  
*(Please describe below what the camper is allergic to and their typical reaction.)*

**Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper/staff:

- |                                             |                                                          |                                                     |                                                          |
|---------------------------------------------|----------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| 1) Ever been hospitalized?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11) Had fainting or dizziness?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Ever had surgery?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12) Passed out/had chest pain during exercise?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Have a recurrent/chronic illness?        | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13) Had mononucleosis during the past 12 months?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Had a recent infectious disease?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14) Traveled outside the U.S. in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Had a recent injury?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15) Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16) Ever had back/joint problems?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) Have diabetes?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17) Have a history of bedwetting?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8) Had seizures?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18) Have problems with diarrhea/constipation?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) Had headaches?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19) Have any skin problems?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) Have impaired vision?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20) If female, have problems with menstrual cycle?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.*

Does camper/staff have any current physical, medical, or psychological conditions requiring medication, treatment, or special considerations or activity restrictions while at camp? ☐ Yes ☐ No If yes, please explain below:

### Medical Insurance Information/ Health-Care Providers:

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of camper's primary doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION: PLEASE READ CAREFULLY THEN COMPLETE CONSENT SECTION**

In planning for the camping season we have endeavored to create as safe an environment as possible while allowing campers to experience adventure through a variety of activities and by choice physical challenges. In the event a camper needs medical attention, the accompanying **consent to medical treatment** will be used. **It must be completed and signed before the camper is accepted. This form must arrive at camp with the camper.** When your child's camp application is processed, an acceptance letter will be sent along with a consent to administer medications form. If your child is taking medication, this form is mandatory. These completed forms must be presented to the Director of Nurses upon arrival at camp. **If these forms are incomplete, your child will not be permitted to remain at camp.** A licensed nurse will be on site at all times during the camping season. Nurses will be available during camper registration to perform a health evaluation on each camper. **Please plan to wait until your child is approved to remain at camp.** In addition, camper medications will be collected by the nurse at this time. **All prescription drugs or over-the-counter medications must be in the original bottle or packaging, showing the camper's name, dosage, frequency, etc. This also applies to herbal drugs.** In the event of an emergency, the camp will make every attempt to contact the parent or legal guardian.

**③ Consent to Medical Treatment & Authorization to Release Information**

This health history, found on page 1 of this form, is correct and accurately reflects the health status of the individual to whom it pertains. My signature below indicates that I am giving my consent for any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, medications (over the counter and otherwise prescribed) and hospital service that may be rendered to individual named herein under the general or special instructions of the primary physician listed above or any physician the camp may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or at the camp. I also authorize the licensed nurse at Camp Winnekeag to initiate first treatment when medical attention is required according to camp guidelines and protocols. It is understood in the case of a major accident or illness, reasonable effort will be made to reach the doctor listed above before any other physician is called by the camp. It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Camp Winnekeag or the physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing or until said individual's summer camp stay has ended. We/I hereby authorize any hospital or physician, or any other person who attended to or examined this individual to furnish Camp Winnekeag's insurance company or its representative any and all information with respect to any illness, medical history or consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this form shall be considered as effective and valid as the original.

Camper/Staff Name \_\_\_\_\_

Signature of Parent or Guardian (or an Adult Camper/Staff Member) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**④ Physical Examination - To be completed and signed by licensed physician.**

**Physical examination is valid for 24 months, and must be current on 1<sup>st</sup> day of camp, a copy must be brought each year to camp.**

Camper/Staff Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Hgb. Test \_\_\_\_\_ Urinalysis \_\_\_\_\_

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Teeth \_\_\_\_\_

Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Extremities \_\_\_\_\_ Spine \_\_\_\_\_

Heart \_\_\_\_\_ Skin \_\_\_\_\_ Ano-Genital \_\_\_\_\_ Cranial Nerve \_\_\_\_\_ Mouth \_\_\_\_\_

List All Known Allergies \_\_\_\_\_

General Appraisal \_\_\_\_\_

For Females: Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_ If so, is menstrual history normal? \_\_\_\_\_

Special Considerations/Medical Notes: (Please list all medications, any restrictions, health problems, recent injuries, etc.)

**Immunizations:** Provide the month and year for each immunization.

Vaccines		Month /Year	Month /Year	Month /Year	Month /Year	Month /Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Hepatitis B						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					

I have examined the person named herein described and have reviewed his/her health history. It is my opinion that he/she is able to physically engage in camp activities except as noted above.

Physician's Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Physician's Name &amp; Address \_\_\_\_\_ Date \_\_\_\_\_

# Camp Winnekeag

"The Camp That Cares"



## Five-Year Employment History

Please complete this form thoroughly. Incomplete forms are unacceptable. Be sure to include the name and phone number of each former employer so they can be contacted. Please start with your most recent employer and work your way backward over the past five years.

**Name of Applicant** \_\_\_\_\_

Dates of Employment	Name & Address of Place of Employment	Name & Phone of Supervisor

Dates of Employment	Name & Address of Place of Employment	Name & Phone of Supervisor

Dates of Employment	Name & Address of Place of Employment	Name & Phone of Supervisor

Dates of Employment	Name & Address of Place of Employment	Name & Phone of Supervisor

Dates of Employment	Name & Address of Place of Employment	Name & Phone of Supervisor

Dates of Employment	Name & Address of Place of Employment	Name & Phone of Supervisor





"The Camp That Cares"

# Dean or Teacher Staff Recommendation Form

I, \_\_\_\_\_, am applying for a position in this summer's Camp Winnekeag staff.  
Staff Applicant

Your frank appraisal will assist the directors in evaluating my qualifications and abilities. When you have completed this form please mail to PO Box 1169 South Lancaster, MA 01561. Thank you for your immediate response.

Staff Applicant Signature \_\_\_\_\_

## General Impression

Check the applicable

## Specific Qualities

Circle all the qualities that describe applicant

	Excellent	Above Average	Average	Below Average	Poor	No Information
Spiritual Commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adventist Doctrine/Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship to Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative and Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality/Sociability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dedicated, growing, searching, uncommitted
Positive role model, passive, negative
Active support, passive support, resistance
Relates well, accepts, tolerates, challenges, resists
Consistent, erratic, poor
Exceptional, inspires others, some skills, supportive, follower
Works well with others, best in team, best alone, domineering
Confident, imaginative, original, persevering, easily discouraged, lazy
Exceptional, makes thoughtful analysis, average, slow
Outgoing, well-balanced, unselfish, introverted, easily offended
Hard worker, reliable, creative, average, easily distracted, unorganized
Flexible, open-minded, self-confident, accepts criticism, stubborn
Listener, serves others, resolves conflict, impatient, easily irritated
Handles stress well, accepts criticism, flexible, well-balanced, unstable
Listens well, clearly expresses self, tactful, out spoken, blunt

How long have you known the applicant? \_\_\_\_\_

How often do you interact with the applicant? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other \_\_\_\_\_

To the best of your knowledge, has the applicant ever been convicted of a crime? Yes ☐ No ☐ If yes explain \_\_\_\_\_

Have you personally seen this person actually working with children or youth? Yes ☐ No ☐ If yes explain \_\_\_\_\_

If you had a child, camp age, would you want this applicant to be his/her counselor for a week? Yes ☐ No ☐

What do you consider to be the applicants most outstanding talents or characteristics? \_\_\_\_\_

Please give any further information which would be helpful to the directors in appraising the applicant. \_\_\_\_\_

To what extent does the individual use drugs/alcohol/tobacco, if any? \_\_\_\_\_

To your knowledge, does the applicant have any tendency toward inappropriate behavior with minors? \_\_\_\_\_

Referred by: please print or type your name

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**URGENT: APPLICANT CANNOT BE PROCESSED UNTIL THIS FORM IS RETURNED!**



"The Camp That Cares"

# Work Supervisor or Manager

## Staff Recommendation Form

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Staff Applicant

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	Excellent	Above Average	Average	Below Average	Poor	No Information
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Spiritual Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adventist Doctrine/Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship to Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative and Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality/Sociability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dedicated, growing, searching, uncommitted
Positive role model, passive, negative
Active support, passive support, resistance
Relates well, accepts, tolerates, challenges, resists
Consistent, erratic, poor
Exceptional, inspires others, some skills, supportive, follower
Works well with others, best in team, best alone, domineering
Confident, imaginative, original, persevering, easily discouraged, lazy
Exceptional, makes thoughtful analysis, average, slow
Outgoing, well-balanced, unselfish, introverted, easily offended
Hard worker, reliable, creative, average, easily distracted, unorganized
Flexible, open-minded, self-confident, accepts criticism, stubborn
Listener, serves others, resolves conflict, impatient, easily irritated
Handles stress well, accepts criticism, flexible, well-balanced, unstable
Listens well, clearly expresses self, tactful, out spoken, blunt

How long have you known the applicant? \_\_\_\_\_

How often do you interact with the applicant? ☐ Daily ☐ Weekly ☐ Monthly Other \_\_\_\_\_

To the best of your knowledge, has the applicant ever been convicted of a crime? Yes ☐ No ☐ If yes explain \_\_\_\_\_

Have you personally seen this person actually working with children or youth? Yes ☐ No ☐ If yes explain \_\_\_\_\_

If you had a child, camp age, would you want this applicant to be his/her counselor for a week? Yes ☐ No ☐

What do you consider to be the applicants most outstanding talents or characteristics? \_\_\_\_\_

Please give any further information which would be helpful to the directors in appraising the applicant. \_\_\_\_\_

To what extent does the individual use drugs/alcohol/tobacco, if any? \_\_\_\_\_

To your knowledge, does the applicant have any tendency toward inappropriate behavior with minors? \_\_\_\_\_

Referred by: please print or type your name

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**URGENT: APPLICANT CANNOT BE PROCESSED UNTIL THIS FORM IS RETURNED!**



"The Camp That Cares"

# Church Pastor or Elder

## Staff Recommendation Form

I, \_\_\_\_\_, am applying for a position in this summer's Camp Winnekeag staff.  
Staff Applicant

Your frank appraisal will assist the directors in evaluating my qualifications and abilities. When you have completed this form please mail to PO Box 1169 South Lancaster, MA 01561. Thank you for your immediate response.

Staff Applicant Signature \_\_\_\_\_

### General Impression

Check the applicable

### Specific Qualities

Circle all the qualities that describe applicant

	Excellent	Above Average	Average	Below Average	Poor	No Information
Spiritual Commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adventist Doctrine/Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship to Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative and Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality/Sociability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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What do you consider to be the applicants most outstanding talents or characteristics? \_\_\_\_\_

Please give any further information which would be helpful to the directors in appraising the applicant. \_\_\_\_\_

To what extent does the individual use drugs/alcohol/tobacco, if any? \_\_\_\_\_

To your knowledge, does the applicant have any tendency toward inappropriate behavior with minors? \_\_\_\_\_

Referred by: please print or type your name

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

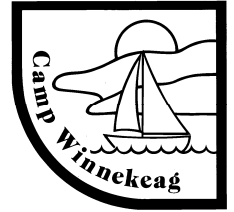
Address \_\_\_\_\_ Position \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**URGENT: APPLICANT CANNOT BE PROCESSED UNTIL THIS FORM IS RETURNED!**

# Camp Winnekeag

*"The Camp That Cares"*



## Release Form for Equestrian Activities Horseback Riding/Horse Drawn Carriage/Cart/Sleigh Rides

**WARNING: Please read this document carefully.  
Do not sign it unless you fully understand it.**

Name of Camper/Student/Rider/Participant: \_\_\_\_\_  
Please Print

I recognize the inherent risks of injury or even death involved in horseback riding generally, horsedrawn carriage rides or other equestrian activities, and in learning to ride in particular. In taking lessons or horseback riding, carriage rides, or other equestrian activities with Camp Winnekeag's horses, while on or off camp property, I assume any such risk of injury and further, I voluntarily release Camp Winnekeag, its instructors, agents, and affiliates from any responsibility on account of any injury that I or my child or ward may sustain while receiving instruction or while riding in connection herewith, and I agree to indemnify and hold harmless Camp Winnekeag, its instructors, agents and affiliates on account of any such claim. I knowingly and intelligently assume the risks of harm that are associated with or arise out of this activity.

I promise to abide by the safety rules associated with equestrian activities. I understand that safety rules will be reviewed with all persons prior to riding. A helmet will also be provided and I agree to wear it prior to mounting and while mounted on any horse.

### WARNING

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

I have read and understood this entire agreement as indicated by my signature below. My signature indicates that I am giving permission and assuming the risks to my child or myself to engage in equine activities which may include but not be limited to: horseback riding, horse-drawn carriage/cart/sleigh rides, or other equine activities.

Signatures:

\_\_\_\_\_  
Student/Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Printed name of Parent/Guardian \_\_\_\_\_

Emergency Telephone Number \_\_\_\_\_

# Camp Winnekeag

"The Camp That Cares"



## Consent and Assumption of Risk Challenge Course

I recognize and am fully aware of the risks associated with *Rock Wall Climbing, Rappelling, and Zipline – Challenge Course*. This sport has inherent risks associated with it and I knowingly and intelligently assume these risks of harm and/or bodily injury to me or my child/ward, which may arise from participation in this sport. Potentially serious falls from a height of up to forty (40) feet are possible in the event of equipment failure. Bodily harm, serious injury or even death may result as an inherent risk in the sport of wall climbing and rappelling.

I, \_\_\_\_\_,  
Printed Name (Adult Camper, Parent, Staff Member)

hereby give consent for myself/my child, \_\_\_\_\_,  
Printed Name (Camper Name if Under 18)

to engage in the sport of Rock Wall Climbing (climbing up a man-made rock wall structure while anchored by a rope and climbing gear), rappelling (lowering ones self on anchored ropes with rappel gear), and zipline. I understand that the camp has a challenge course on its campus, which is operated by qualified, experienced and trained staff members. No one may use this challenge course without the supervision of qualified and trained staff.

Understanding this, I hereby accept full liability for any bodily harm that I, or my child may sustain while engaging in the challenge course. I hereby release Camp Winnekeag, the Southern New England Conference and its employees and affiliates of any and all liability of death or injury resulting from my, or my child's participation in the Challenge Course. Challenge Course staff and instructors possess current First Aid and CPR certification. Climbing and rappelling instructors are experienced and certified. Instructors are able to assess and identify established routes for varying levels of ability.

I knowingly and intelligently assume all risks for me or my child to participate and engage in the sport of rock wall climbing and rappelling as indicated by my signature below. I have read the contents of this form and am in agreement with it. I agree to follow the safety instructions given by staff members in charge of the climbing wall. All climbers are required to wear a camp-issued climbing harness and rock-climbing helmet.

Parent/Legal Guardian Signature (If Signing for Minor) \_\_\_\_\_ Date \_\_\_\_\_

Or Adult Climber (Anyone Age 18 or Older) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

I promise to abide by all rules and regulations which are designed for my safety in this activity. I promise to follow the protocol and safety procedures set forth by the instructors/staff. I will wear a helmet at all times while engaging in rock wall climbing and rappelling. I have read and understand this entire agreement.

Minor's Signature (Under 18 Years of Age) \_\_\_\_\_ Date \_\_\_\_\_