



2021 STAFF APPLICATION FORM

*This form is required for all wishing to volunteer
as a staff member at Camp ECCO*

- Senior Camp Intermediate Camp
 Junior Camp Pee Wee

PERSONAL INFORMATION

Name:		Date of Birth:
Current address:		
City:		Zip Code:
Phone	E-mail:	

MEDICAL INFORMATION

Medical Insurance Company:		Policy #:
Emergency Contact/Phone:		
Physician Name:		Physician Phone:
List of any allergies:		
Date of last tetanus shot:		Have you received the COVID-19 Vaccine?
Do you intend to get the COVID-19 Vaccine prior to working at camp if available?		

*Please note that not receiving the COVID-19 vaccine does not eliminate you from volunteering at Camp ECCO.
This is a personal decision you make on your own and something we as a camp cannot mandate at this time.*

Please list any health restrictions below (heart conditions, asthma, epilepsy, etc)

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Please list any current medications/dosages:

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In case of an emergency, if efforts to contact my emergency contact are unsuccessful, I give my permission to the camp nurse or Dean of the camp to authorize any treatment necessary by the attending doctor or hospital staff. I also understand that my personal insurance will be considered the primary insurer in case of sickness or injury that requires medical treatment at a hospital.

Signature:

CAMP HISTORY

What position are you wishing to fill at Camp ECCO?

Counselor Nurse Chapel Speaker/Pastor Activities Worship Leader

Please describe your camp involvement, including how many years you have been involved at Camp ECCO or at one of our sister EC camps (RRBC in IL or Twin Pines in PA).

Please describe why you feel you should be considered for the position you are applying for?

CHRISTIAN LIFE

What church do you attend whether in person or online? Please list name, city and website, if applicable.

Please describe your conversion experience and your Christian walk since your conversion.

For the purpose of a pastoral reference to be completed by the Executive Committee, please list the name and phone number of the pastor at the church you CURRENTLY attend.

GENERAL QUESTIONS FOR INSURANCE PURPOSES

1. Have you ever been convicted of a criminal violation other than a minor traffic violation?

Yes

No

If yes, please explain.

2. Are there any felony charges pending against you?

Yes

No

If yes, please explain.

3. Have you ever been involved (disclaimer: not as a victim) in a case concerning the abuse or neglect of children?

Yes

No

If yes, please explain.

Staff Code of Conduct

To maintain high standards of morality, health and safety, and to abide by the laws of our nation and state, the following rules and policies have been established by the Executive Committee of the Camp ECCO Board. Violation of the rules may be punishable up to the dismissal from the camp and financial restitution for willful property damage.

1. Due to the nature of the COVID-19 pandemic and the policies Camp ECCO must abide by to operate, I willingly agree to follow all the guidelines presented in the Reopen ECCO Guidelines pertaining to COVID-19.
2. I willingly agree that I will not use, possess, or distribute tobacco, alcoholic beverages, controlled substances, illegal drugs, and fireworks.
3. I understand that by serving as a staff member I become a role model to the campers and will be observed by their parents/legal guardians. I agree to monitor my actions and social network postings accordingly.
4. I willingly agree to promote a spirit of unity under the authority of the camp deans and the Executive Committee of the Camp ECCO Board.
5. I willingly agree to promote a Christ-like attitude toward other members of the staff; an encouraging, supporting, loving, respectful and forgiving attitude.
6. I willingly agree to display a character that will serve as a role model for the campers. This includes Christian witness, graceful speech, responsibility, accountability and appropriate dress and hygiene.
7. I willingly agree that I will act in such a way to protect the reputation and property of Camp ECCO.
8. I willingly agree that all my teaching and advice with the campers and staff will be in accordance with the mission, vision, and beliefs of Camp ECCO and the Evangelical Congregational Church.

Please sign below stating that you have read the above information and will abide by this code of conduct.

Signature:

Do you agree that you have read and are willing to uphold the Camp ECCO Handbook, the Camp ECCO Constitution and to maintain the mission of Camp ECCO, which is that “Camp ECCO exists as a place apart from everyday life for all people to experience the transforming power of Jesus Christ through creation, recreation and meaningful conversation”?

Yes

No

Do you agree that you have read and are willing to uphold the Reopen ECCO Guidelines pertaining to COVID-19, as well as safety protocols and guidelines put in place by the Carroll County Health Department and the State of Ohio?

Yes

No

I certify that I have answered the questions on this application completely and truthfully. I authorize the Executive Committee of the Camp ECCO Board to contact any legal authority for the purpose of verifying the above information. This will include performing a background check as well as completing the online Child Sexual Abuse Training exercise through Ministry Safe if you have not completed this in the last 2 years. This link will be emailed to you and will need to be completed before you come to camp if you want to participate as staff this coming summer.

Signature:

Date:

Please note that filling out this application does not confirm that you are on staff for the week you asked for whether you have been on staff previously or not. This is an application to get more information about you to help us make the best possible decision that will portray the mission and vision of Camp ECCO to our campers and staff. The decision as to whether you become a staff member is made by the Executive Committee of the Camp ECCO Board. You will be notified by your Dean when a decision has been made. Thank you so much for your interest in EC Summer Camping Program!

Please return this application via email to Mark Reigle at campeccocontact@gmail.com or by mail to Mark Reigle, 1609 Temple Avenue, Mayfield Heights, OH 44124.

Contractual Support for COVID-19 Camp ECCO Safety Requirements for EC Staff

I _____ agree to participate at Camp ECCO, effective _____.

The following list is true of my family:

- I am attending my week at Camp ECCO as a staff member because everyone in my home is healthy and symptom free, with no known exposure to COVID-19 over the past 14 days.
- I will support myself being screened for symptoms and temperature upon my arrival at the retreat.
- If I show any signs of illness during the retreat, I may be asked to go home.
- I understand if I am uncomfortable with attending Camp ECCO with the precautions outlined in the Reopen ECCO Guidelines that I should stay at home.
- I understand the situation is fluid and subject to State and Local authority revision.
- I understand failure to follow these new safety guidelines will result in me not being allowed to attend Camp ECCO in 2021. I also understand failure to follow these new safety guidelines while at the camp will result in my being asked to go home.

By signing below, I agree and acknowledge the above mentioned

Signature

Printed Name

Date

Waiver of Liability Relating: Coronavirus/COVID-19

On March 11, 2020, The World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people over the past several weeks. **Camp ECCO** (hereafter ECCO) has put precautions in place to reduce the spread of COVID-19; however, **ECCO cannot guarantee** that you or your family, will not become exposed to, or infected with COVID-19. Further, because of the number of individuals involved at ECCO and the fact that many infected individuals appear to be asymptomatic, **attending ECCO could increase** your risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19. I also acknowledge that by attending ECCO, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at ECCO may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ECCO employees, contractors, volunteers, other users of the Camp ECCO buildings, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I may incur in connection with my attendance at Camp ECCO. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless ECCO, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Camp ECCO, the Evangelical Congregational Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

Signature

Printed Name

Date