



2022 DEAN APPLICATION FORM

*This form is required for all wishing to volunteer
as dean or assistant dean 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:		

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

--

Please list any current medications/dosages:

--

In case of an emergency, if efforts to contact my emergency contact are unsuccessful, I give my permission to the camp nurse or chairperson of the camp board 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

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

Please describe why you feel you should be dean of the camp you are applying for?

If you had the authority to do it, what is one thing you would like to see implemented at camp that would be beneficial to our campers?

CHRISTIAN LIFE

Please describe your conversion experience, including the steps that led to it.

Please describe your Christian walk since your conversion.

What church do you attend? Please list name and address

Please describe your involvement in the local church you attend.

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.

Do you agree 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

INSTRUCTIONS

Please carefully read and review the Camp ECCO Handbook and Constitution, which has been emailed to you along with this application.

Please check below signifying that you have read the Handbook and Constitution of Camp ECCO.

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 you completing the online Child Sexual Abuse Training exercise through Ministry Safe.

Name:

Date:

Please note that filling out this application does not confirm that you are a dean for the week you asked for whether you have been a dean previously or not. This is an application to get more information about you to help 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 dean lies strictly in the hands of the Executive Committee of the Camp ECCO Board. You will be notified after the October camp board meeting as to any decisions that were made. Thank you so much for your interest in EC Summer Camping Program!

**Please return this application via email to Camp ECCO Chair, Jen Compston at campeccocontact@gmail.com.
Thanks!!**