



CAMP AMERICA DAY CAMP

"Where children learn, laugh and play!"

341 Lower State Road, Chalfont, PA 18914
Phone: (215) 822 6313
www.camp-america.com
wearecampamerica@gmail.com

Returning Staff Packet - Ages 18 & Older

Summer 2023

Name _____

Address _____

Date of Birth _____

Telephone _____

Email _____

Staff Owned Vehicle Information

Make _____ Model _____ Year _____

My signature below verifies that to the best of my knowledge the following vehicle(s) has been maintained to the manufacturer's specifications and State Inspection requirements.

- Please Check One**
- As the owner of the above vehicle(s), I give my permission for it/them to be used to transport campers to and from camp.
- I DO NOT OWN A VEHICLE
- I WILL REQUIRE TRANSPORTATION TO AND FROM CAMP

Signature _____ Date _____

Emergency Contact Information

Person 1 _____ Relationship _____ Telephone # _____

Person 2 _____ Relationship _____ Telephone # _____

Clearances - Please check your email to see the dates of the clearances we currently have on file.

As per Pennsylvania Act 15, all camp staff employees 14 and over, are required to secure and provide original copies of the three clearances listed below. All costs associated with clearances must be paid for by the applicant. I understand that my employment is contingent upon a successful background check. **INITIAL HERE** _____

All Clearances must be valid through August 12, 2023

1. PA State Criminal Record Check (Required Yearly)

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/Criminal-Background-Check.aspx>

2. Federal Criminal Background Check (Required every 5 years)

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/FBI-Fingerprinting.aspx>

3. PA Child Abuse History Clearance (Required every 5 years)

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Pages/PA-Child-Abuse-History-Clearance.aspx>

PLEASE NOTE:- We cannot accept 'Volunteer' clearances.

FYI, FBI Fingerprinting Instructions:- Once on the website select 'Pennsylvania' from the dropbox and click "GO"! Then...

1. Scroll to the bottom of the page and click on the 'Digital Fingerprinting' Box
2. Enter the following service code:- **1KG738** then click 'GO'
3. Click on 'Schedule & Manage Appointment'
4. Complete the ENTIRE application and click 'DONE' when finished
5. You will receive verification of your registration by email. Please forward this to wearecampamerica@gmail.com

A few things to know:- The name on your application must match your ID. You will pay at the location. During registration you must chose a 'print' location. You can walk-in or make an appointment.

Staff Manual Agreement

I, (FULL NAME) _____, have read and understand the Camp America Day Camp Staff Manual. I agree to abide by the terms and conditions that are presented in the Staff Manual. I will immediately ask June Mitchell any questions that I have regarding the Staff Manual.

Signature _____ Date _____

Sexual Harassment Policy

I have received and read the Harassment/Bullying Policy and the complaint procedure, and I understand that it is my responsibility to comply with the policy and any revisions made to it.

Signature _____ Date _____

Social Networking Policy

I have read and agree to abide by the Camp America Day Camp policies for social media and Internet use. I understand that failure to abide by these policies may result in disciplinary actions up to and including termination.

Signature _____ Date _____

My Shirt Size (Adult Sizes) S M L XL XXL (Please Circle)

YOUR CHECKLIST - Please complete all areas before returning!

- | | | | |
|-----------------------------------|--------------------------|---|--------------------------|
| PA State Criminal Record Check | <input type="checkbox"/> | Volunteer Disclosure Form | <input type="checkbox"/> |
| Federal Criminal Background Check | <input type="checkbox"/> | I9 - Only if you have changed name/address | <input type="checkbox"/> |
| PA Child Abuse History Clearance | <input type="checkbox"/> | W4 - If you wish to make any changes to your deductions | <input type="checkbox"/> |
| Staff Health Form | <input type="checkbox"/> | Copy of Driver's License If renewed since last summer | <input type="checkbox"/> |
| Signed Contract | <input type="checkbox"/> | | |

NOTES:-

Large empty box for notes with horizontal lines.

Please return this form with all your completed clearances and documents.