

# STAFF APPLICATION

For young women completing grades 9 +

## Application Deadline – June 14, 2024

Franciscan Spirit Camp  
June 22, 2024



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

Year graduating from High School \_\_\_\_\_

Birthdate     /     /     Parish \_\_\_\_\_

Below are listed the requirements for this application to be completed.

1. A typed essay (on a separate sheet of paper) explaining why you would like to be a staff member for Franciscan Spirit Camp. Please explain how you intend to be a positive role model, how you can be a positive influence for these young women, what you hope to gain from the experience.

2. Completed health history to be filled out and signed by parents. (see back)

3. I understand that I must arrive one day early, Tuesday, June 21<sup>th</sup>, by 6:00 p.m. I further understand that all staff members are required to remain on campus after departure of campers in order to help with camp clean-up.

4. I have completed the Protecting God's Children Program or equivalent program and am sending proof of such or I will attend one of the sessions before June 21.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please return completed application to:

Sister Colette Jaros, OSF  
Franciscan Prayer Center  
2100 N Noland Rd  
Independence, MO 64050  
(816) 838-1403  
[Sr.colette.marie@gmail.com](mailto:Sr.colette.marie@gmail.com)

## Health History

Any health problems? (please check)

Diabetes     Asthma     Digestive Problems     Epilepsy

Allergies (specify) \_\_\_\_\_

Special Needs \_\_\_\_\_

Any routine medications? If so, please list and give time to be taken (e.g. with meals, times, etc.)

I give permission for a registered nurse on staff to administer the following medications.  
(please check)

Routine medications (listed above)

Tylenol for headache, pain, fever (parents will be notified in case of fever)

Benadryl for hives and rashes

Antibiotic cream for cuts

I give my permission for my daughter to participate in camp activities, outdoor games, etc.

In case of emergency, contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Insurance Policy \_\_\_\_\_

Policy Number \_\_\_\_\_

We (I) hereby release all church, camp staff, adult advisors and the Sisters of St. Francis from any and all claims, loss, damage, or expense, arising out of or from any accident or other occurrence causing injury to any person or property during this camp. Furthermore we (I) assume all risks of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein by our child. We (I) are the parent(s) or legal guardian(s) of this participant and grant our (my) permission for the camp directors or their duly authorized representatives to act on our (my) behalf in a medical emergency if we are (I am) unable to do so. Camp staff reserves the right to examine all camper and staff belongings to ensure a safe camp for everyone. We (I) give my permission for photographs of this event which include our (my) daughter to be used in future promotional and press releases for the Franciscan Spirit Camp.

\_\_\_\_\_  
Signature of (parent/guardian)

\_\_\_\_\_  
Relationship to staff member