



2024 MS Burn Camp Counselor Application

Counselor Name _____

Name _____ Birthdate _____

Gender Female Male

Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (cell) _____
(work) _____

Email _____ Please send me my confirmation via email Yes No

Employer _____ Position _____

Are you available to be at Camp all week? Yes No

If no, please provide the days/hours that you are available _____

Counselor Shirt Size: Small Medium Large Extra Large 2XLarge 3XLarge 4XLarge

EXPERIENCE & CERTIFICATIONS

Have you been a camp staff member before? Yes No

If yes, list organization(s) and position(s) held _____

Describe experience working with children (other than camps listed above) _____

Describe experience working with persons with disabilities or medical problems _____

What contributions do you think you can make to camp _____

List skills, talents and/or hobbies that you would be willing to share with campers as an activity _____

Is there a something specific that people would say you have a knack for – crafts, games, decorating, etc – that you would like to be involved in while at camp? Yes No

If yes, please describe _____

Current Certifications Lifeguard; Exp Date _____ Lifesaving; Exp Date _____

CPR; Exp Date _____ First Aid; Exp Date _____

EMT; Exp Date _____ Other _____; Exp Date _____

REFERENCES & BACKGROUND

Give names & complete contact information of three people who know your character, experience & ability to relate to children (no relatives).

Name	Address (City, State, Zip & Telephone#)
_____	_____
_____	_____

Have you ever been convicted of a crime? Yes No

If yes, briefly describe the circumstances including date of conviction, nature and place of offense and disposition of case. Do not include arrests without convictions. This information is viewed only as one factor in your consideration for a staff position at this camp and is evaluated in terms of nature, severity and date of offense.

COUNSELOR COMMITMENT

I have willingly chosen to attend and participate in activities at MS Burn Camp. As a staff member, I understand that staff responsibilities are my first priority, unless a personal emergency arises. I also understand that I will work toward the goals of the camp by...

- Participating whole-heartedly in all the activities planned for our group.
- Encouraging campers and other counselors.
- Speaking up when I have a problem, need, or concern.
- Listening & Responding to the needs of others.
- Following the guidance of the adult leadership.
- Respecting other’s property or rights and abiding by camp rules.
- Not using controlled substances (alcohol, drugs, cigarettes or flammables) or promoting these activities.
- Not leaving the event grounds at any time without planning with camp director.

I understand that success in abiding by this commitment will contribute to a positive group experience. I also understand that failure to abide by these guidelines may result in my being sent home and possibly losing the privilege of being invited to camp in the future.

Applicant Signature _____ Date _____

POLICIES

Property Search - I agree that any camp participant’s belongings may be searched by the camp director, in the presence of the camper and another adult, for drugs, alcohol, weapons, or other forbidden objects.

Lost or Stolen Items - The MS Burn Camp Foundation and its staff are not responsible for lost or stolen items.

Photographs - MS Burn Camp Foundation has my permission for the taking of pictures and/or video and the release of general information. Any photo/video taken may be used as needed in the administration of the MS Burn Camp Foundation. They may be published in, or used by, any media or hospital publication (including newspapers, magazines, television, radio, pamphlets, brochures, reports, camper booklets of albums, etc.) without any liability to MS Burn Camp Foundation or its agents or staff. Yes No

Applicant Signature _____ Date _____

I testify that all information contained MS Burn Camp Foundation will verify all information contained within this application and perform reference checks and criminal background check.

Applicant Signature _____ Date _____

Please mail to: **Mississippi Burn Camp**
 P.O. Box 9397
 Columbus, MS 39705
 Staff.MBCF@gmail.com

Contacts
 Tabatha Gainey – Camp Director (601) 527-5213
 Carole Summerall – Secretary/Treasurer (662) 251-7255



2024 MS Burn Camp Staff Emergency Medical Information

Counselor Name _____

Name _____ Birthdate _____

Gender Female Male

Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (cell) _____

(work) _____

Email _____ Please send me my confirmation via email Yes No

MEDICAL INFORMATION

Medicine currently taking and for what condition _____

Allergies of any type _____

EMERGENCY INFORMATION

Emergency Contact Name and Relationship _____

Emergency Contact #(s) _____ or _____

Emergency Contact Name and Relationship _____

Emergency Contact #(s) _____ or _____

Insurance Co Name _____ Policy# (or copy of card): _____

In the event of an emergency, I, the undersigned, grant permission to the Mississippi Burn Camp Staff or Foundation Representative to take the above listed person to the nearest medical facility or physician. I also relieve the Mississippi Burn Camp Foundation and Staff of any responsibilities or liabilities for any loss or injury incurred during this current camp year. I understand that the Mississippi Burn Camp Foundation is not responsible for costs incurred for medical care.

Applicant Signature _____ Date _____