



Ebersole Environmental Education and Conference Center
ADULT CAMP STAFF PERSONNEL RECORD
(Do not use this form if under age 18)

The Michigan Department of Human Services requires that a personnel record be on file for each adult staff member, both volunteers and paid employees.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

E-mail Address: _____ Driver's License #: _____

Sex: male [] female [] age: _____ Date of birth _____

Visiting Group: _____

Persons To Be Contacted In The Event Of An Emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

What Is Your Medical Health Plan?

Name: _____ Number: _____

Policy holder: _____ Employer: _____

If you have a hospital preference in the event of an emergency please list:

Please list any serious allergies and type of reaction:

Do you require a medically prescribed diet? _____ If yes, describe fully: _____

Please list any medications you are currently using:

Do you currently have or have you been exposed to any infectious diseases? YES [] NO []

List Disease _____ Exposure Date _____

Do you have any physical limitations or medical problems that our health officer should be aware of?

YES [] NO [] Explain: _____

Date of Last Tetanus Shot/Booster: _____

OVER→

Have you ever been convicted of a crime other than a minor traffic violation? _____

If yes, Please explain: _____

Work Experience: name of employers, past and present, dates of employment

1. _____ From _____ To _____

2. _____ From _____ To _____

3. _____ From _____ To _____

Previous Camping Staff Experience: List camp, position held, and approximate dates.

1. _____

2. _____

3. _____

Please list any special training or certification you currently hold in the areas of health, first aid, or water safety.

Certification

Issuing Organization

Expiration Date

1. _____

2. _____

3. _____

References: Each visiting staff member must have three signed personal references before coming to the Ebersole Center. Please have three people who are not relatives sign the statement below.

I recommend the above named individual to serve as a leader for children during the Ebersole Center program. I have observed them to be of good character, emotionally stable, and a positive role model for children.

1. _____ Date: _____
personal reference

2. _____ Date: _____
personal reference

3. _____ Date: _____
personal reference

I authorize the Ebersole Center staff to transport and/or seek emergency medical or surgical treatment if I am unable to respond and make personal decisions regarding medical care.

I also understand that it is this agency's policy to secure criminal conviction history information as part of their pre-employment screening process using the information provided in this form. I authorize the Lansing School District to obtain a conviction only criminal history file search.

Signature

Date