

**MOUNTAINVIEW CHRISTIAN CAMP**  
**Personnel Record**  
**for staff/faculty 18 and older**

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Baptism \_\_\_\_\_
3. Home Church \_\_\_\_\_
4. Summary of Education Background (schools, colleges, degrees, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. What special skills, talents, qualifications, abilities, certifications, and/or experience do you bring to the week of camp for which you are volunteering \_\_\_\_\_  
\_\_\_\_\_
6. Physical or emotional handicaps you need assistance with \_\_\_\_\_
7. Please notify in case of emergency  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
8. Any chronic or recurring illness you want the nurse or medical facility to be aware of if you become unable to speak for yourself? \_\_\_\_\_  
If so, explain: \_\_\_\_\_  
Presently on Medication: \_\_\_\_\_  
Allergies: \_\_\_\_\_
9. Names & addresses of two (2) character references: At least one a Minister, Youth Minister, or Elder  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_
10. Have you ever been convicted of or accused of child abuse, or any crime involving children? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_
11. For staff under their parents health insurance: Please list insurance company and policy number \_\_\_\_\_  
\_\_\_\_\_
12. Immunization history: The required immunizations below are determined by the New York State Health Department. You must list the month and year for all immunizations.  
COVID-19 \_\_\_\_\_  
DTP: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Booster \_\_\_\_\_  
Polio: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Booster \_\_\_\_\_  
MMR: \_\_\_\_\_, \_\_\_\_\_  
Hep B \_\_\_\_\_  
Tuberculin Test: \_\_\_\_\_ Varicella: \_\_\_\_\_ Meningitis: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## INFORMATION ABOUT CHILDREN WITH STAFF MEMBERS

If bringing a babysitter, they have to be over 18 years to supervise children. All children, including staff children, are supervised as campers and cannot be left without adult visual and auditory supervision at all times. If handing off responsibility to other adults, assure your child knows who they are to remain with.

### Child #1

1. Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_
3. Any chronic or recurring illness you want the nurse or medical facility to be aware of if the parent and child becomes unable to speak for themselves? \_\_\_\_\_  
If so, explain: \_\_\_\_\_  
Presently on Medication: \_\_\_\_\_  
Allergies: \_\_\_\_\_
4. Immunization History: Required immunizations must be determined locally. This is a record of basic immunization and most recent booster doses.  
COVID-19 \_\_\_\_\_  
DTP: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Booster \_\_\_\_\_  
Polio: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Booster \_\_\_\_\_  
MMR: \_\_\_\_\_, \_\_\_\_\_  
Tuberculin Test: \_\_\_\_\_  
Other: \_\_\_\_\_

### Child #2

1. Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_
3. Any chronic or recurring illness you want the nurse or medical facility to be aware of if the parent and child becomes unable to speak for themselves? \_\_\_\_\_  
If so, explain: \_\_\_\_\_  
Presently on Medication: \_\_\_\_\_  
Allergies: \_\_\_\_\_
4. Immunization History: Required immunizations must be determined locally. This is a record of basic immunization and most recent booster doses.  
COVID-19 \_\_\_\_\_  
DTP: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Booster \_\_\_\_\_  
Polio: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Booster \_\_\_\_\_  
MMR: \_\_\_\_\_, \_\_\_\_\_  
Tuberculin Test: \_\_\_\_\_  
Other: \_\_\_\_\_