



Dear Applicant for Camp ARROW:

Camp ARROW 2025 is scheduled for Saturday, May 31st through Friday, June 6th at the Camp Tygart facilities in Hahira. Staff members will report to camp by 9:00 am on Saturday and remain at camp until around 6:00 pm on Friday.

The deadline for accepting these applications will be **Friday, March 28th**. If Camp ARROW does not receive your application by the deadline, you may not be eligible to be hired. Please remember to complete the entire application thoroughly, including the health information.

Please read the job descriptions before choosing at least 2 jobs that you would like to be considered for.

You will notice a background check form as a part of your application. **You must sign this form in the presence of a notary public** in order for us to run your background check.

All staff applicants must submit a copy (front and back) of your current medical insurance card.

Please mail your application to:

Camp ARROW Staff Committee
P.O. Box 647
Thomasville, GA 31799

You may also submit via email to info@camparrow.org. You will still have to mail your background check form, or you can scan and email the background check form. Please check out our website for more information: www.camparrow.org

Camp ARROW 2025
STAFF APPLICATION
May 31- June 6, 2025

Full Name _____

Name you like to be called _____ T-shirt Size _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Cell Number _____ Alternate Number _____

Email Address _____

Attending/Attended:

High school _____ Grade _____ Graduated in _____

College _____ Year _____ Graduated in _____

Major _____

Present place of employment _____

Position held _____ Supervisor _____

Work address _____

Have you been a paid staff member of Camp ARROW before? _____

If yes, give the dates and positions held:

List experiences as a staff member of other camps for children with special needs: _____

Describe non-camp experiences working with children with special needs: _____

List hobbies and interests: _____

Do you have current first aid training? No Yes

Expiration Date _____

Do you have current CPR? No Yes

Expiration Date _____

Do you hold a current lifesaving certification? No Yes

Expiration Date _____

***PLEASE ATTACH A COPY OF YOUR CERTIFICATION**

If you have any physical disabilities, please describe: _____

Have you ever been convicted of a felony or a misdemeanor? _____

If yes, for what? _____

For teachers:

Certification _____ Area _____

Number of years teaching _____

***PLEASE ATTACH A COPY OF YOUR CURRENT CERTIFICATE**

For bus drivers:

Class _____ State _____ Years experience _____

***PLEASE ATTACH A COPY OF YOUR CURRENT BUS LICENSE**

For Nurses:

License Number _____ State Licensed in _____

***PLEASE ATTACH A COPY OF YOUR CURRENT LICENSE**

ALL applicants must read and sign the following:

As a staff member of Camp ARROW, I will not use or be under the influence of alcoholic beverages or illegal drugs while on camp property or while working with the camp director. I will obey all rules and will fulfill the duties of my position as established by the camp director and Camp ARROW's Board of Trustees. I understand that failure to obey the camp's rules will result in dismissal and my salary will be pro-rated according to the amount of time I have worked prior to an unacceptable work performance. As a staff member of Camp ARROW, I will not have a firearm in my possession of any kind during the week of camp. I understand that if I need medical treatment during the week of camp due to injury or illness not related to work at Camp ARROW, I will be responsible for payment.

Signature

Date

A parent or guardian of an applicant age 18 or younger must read and sign the following:

I have read and understand that while the individual named below is a staff member of Camp ARROW, he/she will not use or be under the influence of alcoholic beverages or illegal drugs while on camp property or working with the camp director. Also, tobacco use is prohibited by any staff member under the age of 18. I understand that he/she named below will obey all rules and will fulfill the duties of his/her position as established by the camp director and the Camp ARROW Board of Trustees. It is also understood that failure to obey the rules at camp will result in dismissal and his/her salary will be pro-rated according to the amount of time he/she has worked. It is also understood that Camp ARROW is only responsible for the minor during designated work hours. I understand that if my child needs medical treatment during the week of camp due to injury or illness not related to work at Camp ARROW, I will be responsible for payment.

Signature of Parent/Guardian

Date

Please mark at least 2 positions for which you would like to be considered.

You may mark more if you would like. A job ranking of 2 is for first time employment in a job level at Camp Arrow. A ranking of 1 is for those with at least one year of experience in that job level and will be decided by the committee based on previous evaluations. The distinction between counselors' status will be at Camp ARROW's discretion, and will be based on experience, age, leadership ability, and previous evaluations. See job descriptions for further explanation of job duties.

____Senior counselor	senior 1 \$425/wk	senior 2 \$400/wk
____Junior counselor	junior 1 \$300/wk	junior 2 \$275/wk

Activity leaders will work in cabins as counselors when not responsible for setting up or leading their activities.

____Lifeguard	senior 1 \$425/wk	senior 2 \$400/wk
____Arts and crafts leader	senior 1 \$425/wk	senior 2 \$400/wk
____Music leader	senior 1 \$425/wk	senior 2 \$400/wk
____Outdoor movement leader	senior 1 \$425/wk	senior 2 \$400/wk
____Kitchen assistant	senior 1 \$425/wk	senior 2 \$400/wk
____Interpreter	senior 1 \$425/wk	senior 2 \$400/wk
____Canoeing Leader	senior 1 \$425/wk	senior 2 \$400/wk

The following positions may be housed separately from campers.

____Nurse \$625/wk	____Food service \$525/wk
____Co-director \$825/wk	____Special activities leader \$425/wk
____Administrator \$575/wk (plus reimbursement for travel)	
____Bus driver \$13/hour (Tuesdays and Wednesdays; will work approximately 20 hours per week)	

REFERENCES: You must supply complete information for three references. These three references will be contacted. Relatives cannot be used as references. At least one reference must be an employer, supervisor, or teacher.

1. Name _____ Relationship _____
Organization (if applicable) _____
Phone number _____ Email address _____
How long have you known this individual? _____

2. Name _____ Relationship _____
Organization (if applicable) _____
Phone number _____ Email address _____
How long have you known this individual? _____

3. Name _____ Relationship _____
Organization (if applicable) _____
Phone number _____ Email address _____
How long have you known this individual? _____

If you have never worked at Camp ARROW, we would like to meet face to face (or via phone if distance is an issue) to discuss camp and get to know you. We will contact you to set this up.

MAIL YOUR APPLICATION TO:
Camp ARROW, Inc.
Staff Committee
P.O. Box 647
Thomasville, GA 31799

OR SUBMIT VIA EMAIL:
info@camparrow.org



Date: _____

Signature of Consent: _____

I hereby authorize Camp ARROW, Inc. to receive any criminal history record information pertaining to me which may be in the files of the State of Georgia or any local criminal justice agency.

Full Name PRINTED

Sex

Race

Address

City, State, Zip

Social Security Number

Date of Birth

Notary Public

=====

This request originally received by: _____ date: _____

Local records searched by: _____ date: _____

State records searched by: _____ date: _____

Mailed response _____ Given in person _____ Initial one

Record attached _____ No record _____ Initial one

Camp Arrow
Confidential Health Information Form

Participant's Name _____

Date of Birth _____ (mm/dd/yy) Height _____ Weight _____

Health Insurance Carrier _____

ID # _____ Group# _____

Please attach a copy of your insurance card

Do you have or have you had any disease or condition requiring medication, regular physician's care, surgery or other treatment? If yes, please list:

Do you take any medication(s) on a regular, on-going basis? If yes, please list:

Have you ever sought professional help for a psychiatric or emotional problem? If yes, explain:

Do you have any of the following? If yes, please explain type and severity:

Medication Allergies NO YES _____

Food Allergies NO YES _____

Allergies NO YES _____

Require epinephrine or hospital? _____

Asthma NO YES Require medication? _____ If yes, please list: _____

Diabetes NO YES Require insulin? _____

Seizures NO YES _____ If yes, list medication: _____

Do you have any other health condition that may need to be considered? If yes, explain:

Emergency Contact Name _____ Phone # _____

Alternate Emergency Contact _____ Phone# _____

I understand that submission of inaccurate and/or incomplete information about medical and psychiatric health history may result in dismissal from Camp Arrow employment. NO YES

Participant's Signature _____ Date _____

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATED TO
CORONAVIRUS/COVID-19**

The novel coronavirus, COVID-19, was declared a worldwide pandemic by the World Health Organization, a national emergency by the President of the United States, and a state emergency by the Governor of Georgia. **COVID-19 IS EXTREMELY CONTAGIOUS** and

is believed to spread mainly from person-to-person contact.

Camp ARROW, Inc. (“Camp ARROW” or the “Camp”) has put in place preventative measures to reduce the risk of the spread of COVID-19 at the Camp. However, by signing this agreement, I acknowledge that Camp ARROW cannot guarantee that I will not become infected with COVID-19 while working at Camp, and that attending the Camp and participating in the programs and services offered could increase my risk of contracting COVID-19.

By signing this agreement, I acknowledge the extremely contagious nature of COVID-19 and, on behalf of myself and my family, voluntarily assume the risk that I may be exposed to or infected by COVID-19 by working at the Camp, with possible further exposure to me and my family, and that such exposure or infection may result in personal or bodily injury, illness, temporary or permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 either by entering the Camp or by participating in the programs offered there may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, Camp ARROW, the Board of Trustees, staff members, campers, and volunteers (collectively, **“Camp ARROW Parties”**).

On behalf of myself and my family, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself and my family (including, but not limited to, personal or bodily injury, illness, temporary or permanent disability, and death), damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with working at the Camp or by participating in programs and services offered there (collectively, the **“Claims”**). On my behalf of myself and my family, I hereby release and indemnify Camp ARROW, and each of them, from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto, and covenant not to sue the Camp Parties, or any of them, for any Claims. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Camp ARROW Parties, or any of them, whether a COVID-19 infection occurs before, during, or after I enter the Camp. I further agree on behalf of myself and my family that this agreement to assume the risks and to waive the Claims is cumulative of any other rights, remedies, and defenses that the Camp ARROW Parties may have, whether by statute or common law, and is not in lieu of them.

I further understand that the State of Georgia has enacted legislation restricting liability for premises owners such that:

Any person entering the premises waives all civil liability against the premise’s owner and operator for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by the individual or entity of the premises.

I understand and agree on behalf of myself and my family that this restriction applies to my entry into and stay in the Camp.

I further consent, on behalf of myself and my family, for Camp ARROW to take my temperature or require a COVID test as a condition to entry into or remaining at the Camp and further acknowledge and agree that Camp ARROW may deny access to the Camp, or require me to quarantine, if I have an elevated temperature or a positive COVID test, as shown by the temperature test or COVID test, as taken at or at the direction of Camp ARROW.

Applicant Signature or Guardian of Applicant

Date