

ALDERSGATE CAMP 2012 SUMMER STAFF APPLICATION



Personal Information

Name: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

School Address: _____

City: _____ State: _____ Zip: _____ School Phone: _____

Email Address: _____ Cell Phone #: _____

Date of Birth: ____/____/____ Facebook name: _____ T-shirt size: _____

Education completed (as of May 2012): _____

What church do you attend? _____ Are you a member? _____

Pastor's Name: _____ Church Phone: _____

Have you attended Aldersgate Camp as a summer camper? _____ When? _____

Have you been baptized? _____ When? _____

What position are you applying for (please list 1st, 2nd, & 3rd choices):

_____ Animal Activities Director	_____ Cabin Counselor*	_____ Cook
_____ Craft Hut Director	_____ Creation Sensation	_____ First Aid Director
_____ Lifeguard	_____ Maintenance	_____ Outdoor Adventure Director
	_____ Summer Program Director*	

*Certain restrictions apply.

Are you available to work from May 21, 2012 through July 28, 2012? ____ Yes ____ No

If not, please explain: _____

Experience:

Place a "T" next to those in which you have Training

Place an "E" next to those in which you have Experience

	High Ropes		Lifeguard		Guitar Player		Child Care		Past Counselor		PowerPoint
	Low Elements		Canoeing		Song Leader		First Aid/CPR		Photography		CIT Camp
	Climbing		Archery		Theatre		Food Service		Animal Care		Horsemanship
	Rappelling		Lawn Care		Arts & Crafts		Counseling		Construction		Outdoor Ed.

Other: _____

References: List three references. One reference should be a home church staff person. Please exclude parents and relatives.

Name: _____ Relationship to you: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Name: _____ Relationship to you: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Name: _____ Relationship to you: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Past Employment: List your last 3 places of employment (if applicable).

1. Company: _____ Supervisor: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Reason for Leaving: _____

2. Company: _____ Supervisor: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Reason for Leaving: _____

3. Company: _____ Supervisor: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Reason for Leaving: _____

General Information:

Please fill in the information below. Please use an additional sheet of paper, if necessary.

Why do you want to be on Summer Staff at Aldersgate?

Hobbies & Interests:

Experience in Youth Leadership:

What skills/gifts & talents will you bring to your specific position on staff?

Please send completed application along with a **current picture** of yourself by **March 1, 2012** to:

Aldersgate Camp and Retreat Center
c/o Lee Padgett
125 Aldersgate Camp Rd.
Ravenna, KY 40472

Prospective employees will receive consideration without regard to race, sex, national origin, or disability.

Aldersgate Authorization and Request for Criminal Records Check

I, _____, hereby authorize Aldersgate Camp & Retreat Center to request the police department, Sheriff's department, and/or the F.B.I. to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff/F.B.I from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant: _____ Date: ____/____/____

Applicant's Full Name (Please Print): _____

Print all other names that have been used by the applicant (if any): _____
Place of Birth: _____

Applicant Release and Waiver of Rights

I, _____, hereby certify that the information I have provided on this application for employment is true and correct. I authorize Aldersgate Camp & Retreat Center to verify the information I have provided in the application, voluntary disclosure statement, and/or authorization and request for criminal records check by contacting the references I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references listed in this application to give you whatever information they may have regarding my character and fitness for the employment position for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become an employee at Aldersgate Camp & Retreat Center, I agree to abide by and be bound by the policies of Aldersgate and to refrain from inappropriate conduct in the performance of my duties on behalf of Aldersgate.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant: _____ Date: ____/____/____
(Signature of Parent/Guardian is required if applicant is under 18 years of age)

Signature of Parent/Guardian: _____ Date: ____/____/____

**Aldersgate Camp & Retreat Center
Voluntary Disclosure Statement**

Name: _____ Date of Birth: ____/____/____

City: _____ State: _____ Zip: _____ Home Phone: _____

Driver's License #: _____ State: _____ Expiration Date: ____/____/____

Social Security #: _____ - _____ - _____

1. Previous Residence (s) for the past 5 years (include college & home residence)

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

City: _____ State: _____ Years: _____

2. Have you ever been convicted of any crime of violence against a minor, including but not limited to those listed below? Yes _____ No _____ (check one)

If Yes, please explain: _____

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Assault with the intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substance
- Intent to commit any of the above crimes

3. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes _____ No _____ (check one)

4. Are you subject to any court order involving sexual or physical abuse of a minor including, but not limited to a domestic order or protection? Yes _____ No _____ (check one)

5. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes _____ No _____ (check one)

I understand that the camp may deny employment to any persons who answer any of the questions numbered 2 – 5 above in the affirmative. The information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. And/or the camp may terminate employment or volunteer service of any person: Found to have a history of complaints of abuse on a minor and/or Found to have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint (s) of sexual abuse of a minor. This disclosure statement must be updated yearly.

Signature: _____ Date: ____/____/____

Full Name (Please Print): _____