

For Office Use Only
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<b>Issued 2018</b>
<input type="checkbox"/> Training #1 <input type="checkbox"/> Training #2
<input type="checkbox"/> Training #3 <input type="checkbox"/> Training #4



Attach Photo

Sponsored by Wellspring Anglican Church  
 1548 Cummins Drive, Modesto, California 209.525.3600  
 June 10-15, 2018

# COUNSELOR/STAFF APPLICATION

**Instructions:** *Please Print.* All information is held strictly confidential. This form must be completely filled out. The information is vital to your acceptance and possible placement as a counselor.

Date	Current Drivers License # <small>(a photocopy of license must accompany application)</small>	Social Security #
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Last Name	First Name	M____F____	/____/____	Sex	Birthdate
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Street	Age	Marital Status
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City	State	Zip
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Occupation	Name of Employer	Number of years
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How long have you lived in [state]? \_\_\_\_\_ Years and \_\_\_\_\_ months      If you have lived in [state] for less than one year, list your complete addresses for the last five years:

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(_____) _____ Home Phone	(_____) _____ Bus. Phone
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Emergency Contact	Relationship	(_____) _____ Phone
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T-Shirt Size:  Adult Small  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large

Do you have certification in the following?:  CPR  First Aid  Life Guard  Nurse  EMT

Do you have previous training or background in dealing with abused, neglected or abandoned children?

No  Yes. In what way: \_\_\_\_\_

Were you a victim of abuse, neglect or abandonment as a minor?:  NO  YES

Yes, but I would prefer to discuss this in person.

Please Clarify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe why you wish to be a counselor for abused kids (use the back for space if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

Do you have any medical conditions?  NO  YES, please describe:

\_\_\_\_\_

Do you take any medications?  NO  YES, please list medicine, reason and any side effects:

\_\_\_\_\_

Have you had any serious illness or injuries in the last three years?  NO  Yes, please list:

\_\_\_\_\_

Have you any physical handicaps or conditions preventing you from performing any type of activity?

NO  YES, please list

\_\_\_\_\_

## RECORD OF EDUCATION

High School Name: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Other: \_\_\_\_\_ Major: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

## PERSONAL REFERENCES (not former employers or relatives)

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

3. \_\_\_\_\_  
Name Address Phone

# PERSONAL PROFILE

Have you committed your life to Jesus Christ?  NO  YES Where & When: \_\_\_\_\_

What church do you presently attend? \_\_\_\_\_ How long? \_\_\_\_ Yrs. \_\_\_\_ Mos.

Pastor's Name: \_\_\_\_\_ Church Phone #: \_\_\_\_\_

Do you have any previous experience working with children?  NO  YES, please describe:

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Do you have any previous experience working with abused children?  NO  YES, please describe:

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Do you feel you could lead a 15-minute devotion with your campers with material we provide?  YES  NO

Please circle all the words below which you believe accurately describe you:

- |           |               |             |             |           |            |
|-----------|---------------|-------------|-------------|-----------|------------|
| Timid     | Gentle        | Impatient   | Modest      | Nervous   | Loving     |
| Tactful   | Mature        | Sarcastic   | Patient     | Angry     | Deliberate |
| Congenial | Compassionate | Stubborn    | Kind        | Studious  | Selfish    |
| Secure    | Considerate   | Abrasive    | Trustworthy | Motivated | Verbal     |
| Organized | Impulsive     | Intelligent | Insecure    | Relaxed   |            |

List below, five strengths and five weaknesses you have in working with children (please be specific)

Strengths

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Weaknesses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I would prefer my campers to be:  7 Yrs Old  8 Yrs Old  9 Yrs Old  10 Yrs Old  11 Yrs Old

## CRIMINAL BACKGROUND

If your records have been expunged pursuant to applicable law, you are not required to answer yes to the following questions. If you are unsure whether to answer yes, we strongly suggest that you answer yes and fully disclose all incidents to avoid any future risk of embarrassment upon disclosure.

1. Have you ever been **convicted** of or **pleaded guilty** to any crimes (including crimes of record which have been expunged and pleas of 'no contest'), including municipal, state and federal?  
 Yes  No
2. Have you ever been **placed on probation**, received a **Suspended Execution, Suspended Sentence or Suspended Imposition of Sentence** for any offense involving a minor child (a child under 18), or been **placed on ANY local, state, or federal sexual registry**?  
 Yes  No
3. Have you ever been **sued in a civil court** of law where the allegations in the suit involved **illegal, inappropriate, or sexual conduct** or contact with a minor child?  
 Yes  No
4. Have you ever been subject to any **court order** involving any **sexual, physical or verbal abuse** including but not limited to any domestic violence or civil harassment injunction or protective order?  
 Yes  No
5. Have you ever **resigned, been terminated or been asked to resign** from a position, whether paid or as a volunteer, due to a **complaint(s) of sexual, physical or verbal abuse of minors**?  
 Yes  No

## REPRESENTATIONS AND RELEASE

I understand that RFK maintains strict policies against any form of child abuse, and that violation of these policies may be cause for dismissal. Child abuse is punishable by law, and **RFK is bound by law to report allegations of abuse or any inappropriate sexual contact to the proper authorities**. ALL reporting is kept confidential, by law. **All volunteers must commit** to immediately report any behavior that seems suspicious, questionable, abusive or inappropriate between: child-to-child, staff-to-child, and staff-to-staff.

If YOU are struggling with a **sexual attraction to children**, please **opt out of service in RFK** or any other child-serving organization, and seek help. One option is: "Hope for the Heart" at (800) 488-HOPE (4673) or [www.hopefortheheart.org](http://www.hopefortheheart.org).

I understand that I will be required to submit to a background check as a condition of acceptance as a volunteer, and that unsatisfactory results, refusal to cooperate, or any attempt to affect the results of these background checks will result in me being removed as a volunteer or volunteer applicant.

I hereby certify that all of the information provided by me in this Application (or in any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in these documents may (or will) be cause for the denial of acceptance as a volunteer, or immediate removal as a volunteer, regardless of the timing or circumstances of discovery.

In consideration of the receipt and evaluation of this Application by the sponsoring Church or RFK Camp Leadership, I hereby authorize you to contact any references, churches, youth groups, schools attended, former and present employers, charities, courts, and any other person, agency, or organization that may have information about me, and for them to provide to you such information (including opinions) that they may have

regarding my character and fitness for working with children; I hereby release any such references, churches, youth groups, schools attended, former and present employers, charities, courts, and any other person, agency or organization who may have provided information about me, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I also agree to hold RFK, the sponsoring church and RFK Camp Leadership harmless from any damages created by my unwarranted attempt to collect damages for providing information described above. I waive any right that I may have to inspect any information provided about me or by any person or organization identified by me in the Application process.

I understand that submission of an application **does not guarantee** me acceptance as a volunteer. I further understand that should the RFK Leadership extend an offer to me as a volunteer, it is for **no specific duration** and may be **revoked by either the sponsoring church, the RFK Camp Leadership, or me at any time, with or without cause.**

I understand that none of the documents, policies, procedures, actions, statements of RFK, the sponsoring church, the RFK Leadership or their representatives and agents used during the volunteer application process is deemed a contract, real or implied. If accepted as a volunteer, **I agree** to conform to the **rules, regulations, policies, and procedures** of RFK while serving as a volunteer, and understand that such compliance is a condition of remaining a volunteer.

I have carefully read the above Application and this Acknowledgement and Release, and know and understand its contents; I also know the above is a legally binding agreement. I sign this Application and Release of my own free will.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Name

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date