

CAMP SONRISE MOUNTAIN Staff Screening Form

This application is to be completed by all new applicants for service at Camp Sunrise Mountain. It is being used to help the Allegheny Region Conference provide a safe and secure environment for those children and youth who participate in our program and use our facilities.

PERSONAL

Name _____ Date _____

Address _____

City/State/Zip _____

Phone (____) _____ Sex: Male Female Date of Birth _____

Weeks you wish to serve (Check all that apply):

Week 1 Grades 10,11,12 & up Week 2 Grades 8 & 9
 Week 3 Grades 6 & 7 Week 4 Grades 3,4 & 5

Marital Status: Single Married Divorced Separated Living with someone (explain)

Do you use alcohol or tobacco in any form? Yes No (if yes explain)

Do you have any medical condition that may affect your working on staff? Yes No (if yes explain)

Are you on any medications that may affect your working on staff? Yes No (if yes explain)

Have you ever been convicted of, or pleaded guilty to a crime? Yes No
If yes, explain (attach a separate page if necessary):

PERSONAL REFERENCES

(One must be your pastor. Do not use relatives.)

Name _____ Phone (____) _____

Address _____

Name _____ Phone (____) _____

Address _____

CHURCH ACTIVITY

Name of local church _____

Name of pastor _____

Local church address _____

How long have you attended regularly? _____

List all other churches & name of pastor where you have attended during the last five years:

List all previous church work involving youth and children.(identify church and type of work):

List any gifts, callings, training, education or other factors that have prepared you for children/youth work:

What are you interested in doing on staff _____

Have you ever been a camper at Camp Sonrise Mountain? ___ Yes ___ No

Have you ever been on staff before? ___ Yes ___ No

If yes when, with what age group and under which Dean _____

APPLICANT'S STATEMENT

To the best of my knowledge, the information in this application is correct. I authorize any references or churches to give you any information (including opinions) that they may have regarding my character and fitness for children/youth work. I hereby release any individual, church, organization, employer or record custodians from any and all liability for damages of any kind which may result to me, or my family, on account of compliance with this authorization. Unless deemed necessary by the Conference, I will not ask to inspect the information provided about me in this Application.

If my application is accepted, I agree to abide by the Constitution and policies of the Allegheny Region Conference, Churches of God, General Conference, and will model the image of Christ and will avoid the appearance of unscriptural behavior in the performance of my services.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Witness _____ Date _____

Identity must be confirmed by attaching a photocopy of a State driver's license or other photographic identification.

Send to Kevin Hay
5360 Kingwood Rd.
Markleton, PA 15551
Tech62248@yahoo.com
814-926-2114