

# CAMP SONRISE MOUNTAIN Staff Screening Form

This application is to be completed by all new applicants for service at Camp Sonrise 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:

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

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

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What are you interested in doing on staff \_\_\_\_\_

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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 \_\_\_\_\_

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## 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](mailto:Tech62248@yahoo.com)  
814-926-2114