

For Office Use Only
_____ Received
_____ Contacted
<input type="checkbox"/> Training #1 <input type="checkbox"/> Training #2
<input type="checkbox"/> Training #3



Royal Family Kids' Camp™
 Sponsored by Cedar Park Church
 Attn. Carolyn Winter
 16300 112th Ave NE
 Bothell, WA 98011
 425-488-3600 x1125

RETURNING COUNSELOR/STAFF APPLICATION

_____		_____		_____	
Date		Driver's License #		Social Security # (required)	
_____		_____		_____	
Last Name		First Name		Middle Name	
_____		_____		_____	
_____		_____		_____	
Street		Age		Marital Status	
_____		_____		_____	
City		State		Zip	
_____		_____		_____	
Occupation				Number of years	
_____		_____		_____	
Home Phone		Bus. Phone		Cell Phone	
_____		_____		_____	
Emergency Contact Name			Phone		
_____			_____		
Your Email (required)					

T-shirt Size: Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Have you received certification in the following?: CPR First Aid Life Guard Nurse EMT

What position are you interested in? (select one) Counselor Staff Assistant Behind the Scenes
 Other

Have you worked with or associated with abused, neglected or abandoned children this past year?

No Yes In what way? _____

Please describe why you wish to return as a counselor/staff for abused kid?

MEDICAL HISTORY

Have you had any **medical problems**? NO Yes, please describe:

Do you take any **medications** or have any **allergies**? NO Yes

If yes, please list allergies, medicines, and any side effects: _____

Have you had any **serious injuries or illness** since last camp? No Yes, please list _____

Doctor Name

Phone

PERSONAL GROWTH (please use the back if needed)

If you were abused, neglected or abandoned as a child, how did that affect you at camp?

Please describe your spiritual growth since you have been a Royal Family Kids' Camp™ counselor/staff:

How has Royal Family Kids' Camp™ made an impact on your life?

How has your family responded to you being involved with Royal Family?

What church do you attend? _____

What current ministries or activities are you involved with at your church?

What new strengths and weaknesses have you discovered since working with abused kids?

Strengths

Weaknesses

1. _____

1. _____

2. _____

2. _____

This year I would prefer my campers to be: 7-8 Years Old 9-10 Years Old 11-12 Years Old

Since your original application have you been arrested for a criminal offense? NO YES

Since your original application have you been *accused* of any sexual misconduct? NO YES

Since your original application have you been *convicted* of any sexual misconduct? NO YES

Since your original application have you taken drugs other than prescription drugs? NO YES

If you answered "YES" to any of the above please explain _____

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge.

Print Name

Signature

Date

Criminal History Information

Please complete this Criminal History Information. Cedar Park may conduct a criminal history background check on you and request a copy of your driving record (if you may operate a commercial vehicle on behalf of Cedar Park). Further dissemination of any records obtained is prohibited without your written permission. You will be notified of the results of the background check within 10 days of receipt and provided with a copy upon request.

Name: _____

Alias/Maiden Name: _____

Social Security Number: _____

Date of Birth: _____

1. Have you ever been convicted of any crime? Yes No

If yes, specify: _____

For purposes of answering this question, conviction shall include any conviction in any jurisdiction, including convictions by way of trial, plea (guilty, "Alford", *nolo contendere*, or no contest even if they be later withdrawn), deferred prosecution, suspended sentence or stipulation. Conviction shall also include convictions that have subsequently been dismissed, expunged, vacated, reduced, mitigated, or otherwise stricken from official record. A conviction will not necessarily bar volunteering.

2. Have you ever had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830?

Yes No

If yes, specify: _____

RCW 43.43.830 (3) "Civil adjudicative proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudicative proceeding" also includes judicial or administrative orders that become final due to the failure of the alleged perpetrator to timely exercise a right afforded him or her to administratively challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW.

I declare, under penalty of perjury under the laws of the State of Washington, that the statements above are true and correct. I authorize Cedar Park Assembly of God to conduct a criminal background check on me and to obtain a copy of my driving record (if you may operate a commercial vehicle on behalf of Cedar Park).

Signed this _____ day of _____, (year) _____, at _____

Applicant's Signature: _____

Release

(INCLUDING AUTHORIZATION OF RELEASE OF INFORMATION, AND DEFENSE, INDEMNIFICATION AND HOLD HARMLESS OBLIGATIONS BY APPLICANT)

I, _____, have applied to volunteer in a ministry of Cedar Park Assembly of God. I authorize Cedar Park, in its efforts to process my application and to check my background and contact references, to provide a copy of this release to any person or entity, and authorize Cedar Park and other parties to treat a facsimile copy of this release as if it were the signed original.

I authorize Cedar Park to contact any person or entity to obtain information about me, including the employers, organizations, supervisors, governmental agencies and references that I list in my application and others identified by Cedar Park. Without limiting the foregoing, I understand and agree that this release allows the Department of Social and Health Services, including Child Protective Services, to release information concerning me. I hereby request, consent to, and authorize any current or former employer, person, firm, corporation, organization, education or vocational institution, or government agency to provide Cedar Park with information they have regarding me, including the release of information concerning my performance, qualifications, personal and work history, dates of employment, dates of volunteer service, job titles, reasons for leaving, salary, and opinions about me. The released information may be in the form of a letter of reference, a response to an evaluation form prepared by Cedar Park, telephone interviews or other interviews initiated by Cedar Park, or any other means deemed appropriate by Cedar Park. I understand that the information released may include facts and/or opinions that are unfavorable to me and/or with which I may disagree.

I hereby expressly waive any and all rights I may have of access to any letter of reference, to any response to an evaluation form, to anything discussed in telephone conversations or interviews, or information otherwise obtained by Cedar Park, including any right to inspect and review, any right to have a copy made for my use, and any right to request an amendment of or correction to any released information.

I hereby release and agree to defend, indemnify and hold harmless Cedar Park and its past, present and future pastors, elders, deacons, leaders, employees, directors, officers, volunteers, agents, successors and assigns, and insurers from any and all liabilities arising from or in any way related to requesting or receiving information about me. I also release and agree to defend, indemnify and hold harmless any person or organization or entity (whether listed in my application or not) and its respective directors, owners, officers, employees, volunteers and agents who provide information or references about me to Cedar Park from and against any and all liability arising from or in any way related to their disclosure of any information or opinions about me.

I hereby acknowledge that I have read, understand, and willingly sign and agree to this document.

THIS STATEMENT CONTAINS A RELEASE OF CLAIMS AND AN OBLIGATION TO DEFEND, INDEMNIFY AND HOLD HARMLESS CEDAR PARK ASSEMBLY OF GOD AND OTHERS.
PLEASE READ IT CAREFULLY.

This signed Release must be a part of the application package. The Release must be mailed, faxed, or taken to Cedar Park for the application to be considered complete.

Applicant's Signature: _____

Agreement

My answers on this Application are true and correct and complete. I understand that if I am accepted as a volunteer by Cedar Park, it will be at the will of both parties and that my volunteering can be terminated at any time, with or without cause. I understand and agree that no offer or promise of employment has been made.

I authorize Cedar Park to request criminal background checks on me and copies of my driving record (if I may operate a commercial vehicle on behalf of Cedar Park) upon an offer of a position as a volunteer and during the course of my volunteering.

I understand that Cedar Park expects its volunteers to conduct their professional and personal lives in a manner that reflects Cedar Park's evangelical Christian character. I understand that Cedar Park expects its volunteers to refrain from behavior that conflicts with evangelical Christian standards including, but not limited to, immoral cohabitation; alcohol or substance abuse including drunkenness and illegal drug use; and inappropriate speech such as vulgar or sexually suggestive words, gossip, and insubordination. If I am a volunteer at Cedar Park, I agree to abide by these expectations.

Signature

Date

DISCLOSURE

Disclosure Regarding Background Check for Employment/Volunteer Purposes

Cedar Park Assembly of God (“the Company”) may obtain information about you from a third party consumer reporting agency for employment or volunteerism. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.

Print Name

Signature

Date

ACKNOWLEDGMENT & AUTHORIZATION

All individuals hired by Cedar Park will or may have unsupervised access to children under the age of 18 or a vulnerable adult or person, as defined by Washington law; Cedar Park is therefore exempt from the Washington Fair Chance Act (2SHB 1298).

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Cedar Park Assembly of God at any time after receipt of this authorization and throughout my employment or volunteerism, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.

I also consent to have any legally required notices sent electronically.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Print Name

Signature

Date

Parent/Guardian Name

(Required for individuals under 18)

Parent/Guardian Signature

(Required for individuals under 18)

Date