

For Office Use Only	
_____	Received
_____	Interviewed
_____	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
 rfkc@cedarpark.org
 July 8-12, 2019

Attach Photo



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.

PERSONAL INFORMATION

_____ Last Name _____ First Name _____ Middle Name _____ Date

Other names ever used or known by: _____

_____ Social Security # (required) _____ Birthdate _____ Age _____ Gender (M F)

_____ Home Phone _____ Bus. Phone _____ Cell Phone _____ Your Email Address (required)

_____ Current Street Address _____ City _____ State _____ Zip

_____ Length of Time at Address Marital Status (optional): Single Married Widow(er) Separated Divorced Remarried

_____ Spouse Name (if applicable) _____ Spouse Contact Phone

_____ Emergency Contact Name _____ Emergency Contact Phone

Please list any other persons residing at the above address and their relationship to you: _____

Please list your **previous residences** for the past seven years (attach a separate sheet if necessary): _____

PERSONAL PROFILE

Do you use tobacco? Yes No _____ Do you drink alcoholic beverages? Yes No _____

Do you have a current driver's license?

Yes Please list your driver's license # _____

No Please list alternate identification _____

Please explain "yes" answers to the following questions more fully on a separate piece of paper.

1. Are there any facts or circumstances involving you or your background that would call into question your involvement in an environment where children or youth may be present?

Yes No Answering yes will not necessarily bar you from volunteering.

2. Have you ever been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation, or ordinance?

Yes No Answering yes will not necessarily bar you from volunteering.

3. Are you currently under indictment, on probation, parole, or work release?

Yes No Answering yes will not necessarily bar you from volunteering.

4. Have you ever been investigated by the Department of Social and Health Services, including, but not limited to, Child Protective Services, or a similar department or agency in any other state or jurisdiction?

Yes No An investigation will not necessarily bar you from volunteering.

5. Have you ever had your driver's license suspended or revoked for any reason?

Yes No Answering yes will not necessarily bar you from volunteering.

6. Have you accepted Jesus Christ as your personal Savior?

Yes No Your voluntary answer will not necessarily bar you from volunteering.

Where and When: _____

7. What church do you attend? _____ How long? _____ years _____ months

Pastor's Name: _____ Church contact #: _____

8. Do you have any previous experience working with children?

Yes No Please describe: _____

PERSONAL PROFILE CONTINUED

9. Do you have any previous experience working with abused, neglected or abandoned children?

Yes No Please describe: _____

10. Where you a victim of abuse, neglect or abandonment as a minor?

Yes No Please describe: _____

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

- | | | | | | |
|------------------------------------|--|--------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Timid | <input type="checkbox"/> Gentle | <input type="checkbox"/> Impatient | <input type="checkbox"/> Modest | <input type="checkbox"/> Nervous | <input type="checkbox"/> Loving |
| <input type="checkbox"/> Tactful | <input type="checkbox"/> Mature | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Patient | <input type="checkbox"/> Angry | <input type="checkbox"/> Deliberate |
| <input type="checkbox"/> Congenial | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Kind | <input type="checkbox"/> Studious | <input type="checkbox"/> Selfish |
| <input type="checkbox"/> Secure | <input type="checkbox"/> Considerate | <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Insecure | <input type="checkbox"/> 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. _____

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

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

REFERENCES

Please list two persons who are available for **immediate contact** and who can comment on your character, reputation and/or work experience. **References cannot be related to you and cannot be living in your household and must be 18 or over.**

They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships.

1. Name _____		Known Since _____
Email Address _____	City _____	State _____
Phone Number (day) _____	Phone Number (evening) _____	
2. Name _____		Known Since _____
Email Address _____	City _____	State _____
Phone Number (day) _____	Phone Number (evening) _____	

MEDICAL HISTORY

1. Do you have any **medical conditions** or **allergies**? NO Yes

If yes, please describe: _____

2. Doctor Name _____ Phone: _____

3. Do you take any **medications** ? NO Yes

If yes, please list medication, reason, and any side effects: _____

4. Have you had any **serious injuries or illness** in the last three years? No Yes

If yes, please describe: _____

5. Do you have any physical handicaps or conditions preventing you from performing any type of activity? No Yes

If yes, please describe: _____

RECORD OF EDUCATION

High School: _____ Date of Graduation: _____

College: _____ Major: _____ Date of Graduation: _____

Other: _____ Other: _____ Date of Graduation: _____

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