

For Office Use Only	
<input type="checkbox"/>	Received
<input type="checkbox"/>	Contacted
<input type="checkbox"/>	Interviewed
<input type="checkbox"/>	Fingerprinted
<input type="checkbox"/>	Training #1
<input type="checkbox"/>	Training #2
<input type="checkbox"/>	O/L Training



5535 Benpatrick Ct, Westerville, OH 43081

NEW STAFF APPLICATION

For Office Use Only
Position

Check your preferred communication method

LAST NAME (Current/Maiden) _____ FIRST NAME _____ SEX _____ DATE _____

BIRTH DATE _____ AGE _____ MARITAL STATUS _____ SOCIAL SECURITY NUMBER _____

STREET OR P.O. BOX _____ CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____ OCCUPATION - NAME OF COMPANY - NUMBER OF YEARS _____

(____) _____ - _____ CELL PHONE (____) _____ - _____ HOME PHONE

EMERGENCY CONTACT _____ RELATIONSHIP _____ (____) _____ - _____ EMERGENCY CONTACT TELEPHONE

PERSONAL REFERENCES (not former employers or relatives)

1. _____
Name Address Telephone
2. _____
Name Address Telephone
3. _____
Name Address Telephone

PERSONAL FAITH

Have you committed your life to Jesus Christ? No Yes Date: _____

If yes, where: _____

Where do you presently attend Church? _____

Pastor's Name: _____ Church Telephone: (____) _____ - _____

Church Address _____

Please describe why you wish to be [on staff of a camp / a counselor] for abused kids (use the back for space if necessary):

FULL- OR PART-TIME?

Will you be Full-time or Part-Time? _____

If Part-Time, specifically what days and time of day are you available? _____

Primary Color _____	Secondary Color _____
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MEDICAL HISTORY (please use back if necessary)

Do you have any medical problems? No Yes, please describe:

Do you take any medications? No Yes, please list medicine, reason, and any side effects:

RECORD OF EDUCATION

High School Name: _____ Date of Graduation: _____

College: _____ Major: _____ Date of Graduation: _____

Other: _____ Major: _____ Date of Graduation: _____

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

No Yes, In what way: _____

MISCELLANEOUS BACKGROUND INFORMATION

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

Have you ever been abused, neglected or abandoned?

No Yes Yes, but I would prefer to discuss that in person.
(use the back for space if necessary)

Please Clarify: _____

Do you have any previous experience working with children? No Yes, please describe:

Could you lead a 15-minute devotion with campers with material we provide? No Yes

PERSONAL PROFILE (please use back if necessary)

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 | Motivates | 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 Years 8 Years 9 Years 10 Years 11 Years

- | | | |
|---|-----------------------------|------------------------------|
| Have you ever been arrested for a criminal offense? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been convicted of or plead to a crime? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been arrested for sexual molestation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever been convicted of or plead to sexual misconduct? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever taken drugs other than prescription drugs? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Will you have trouble abstaining from tobacco or alcohol while at camp? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you answered a YES to any of the above questions please explain: _____

MEDICAL RELEASE

The undersigned does hereby authorize the directors of Royal Family KIDS Camp of Franklin County or such substitutes as they may designate as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for me which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at hospital, camp or elsewhere. The nurses have my permission to administer over-the-counter medicines such as: acetaminophen, cough syrup, decongestant, throat lozenges, Pepto-Bismol, Tums, sunscreen, ibuprofen, insect repellent, and Calamine lotion as needed. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical, dental, and/or hospital services rendered pursuant to this authorization. Should it be necessary for the undersigned to be transported home or to medical facilities due to medical reasons or otherwise, the undersigned shall assume all transportation costs. This authorization will remain effective while I am en route to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the directors.

PHOTO AND VIDEO RELEASE

I give permission and consent for photographs and videos of me to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Royal Family KIDS Camp of Franklin County, The Starfish Alliance, Inc., and their agents, to illustrate and promote the camp experience, and the camp programs, or The Starfish Alliance, Inc.

APPLICANT'S STATEMENT

The information I have given in this application is correct and complete to the best of my knowledge. I understand that false information or significant omissions may disqualify me from further consideration for service and may be considered justification for dismissal if discovered at a later date.

If I am accepted, I agree to abide by policies and recommendations of Royal Family KIDS Camp of Franklin County and its leadership. I understand that cigarettes, alcohol, and illegal drugs are not allowed anywhere at the camp at anytime.

I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Royal Family KIDS Camp of Franklin County, I hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, 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 waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Further, I request the FBI, Ohio Bureau of Criminal Investigation, and any other state as authorized by state laws to release any information which pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release the FBI, Ohio Bureau of Criminal Identification, and any other state as authorized by state laws from any and all liability resulting from such disclosure.

I further state that I have carefully read the foregoing release and know 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.

Print Name _____ Signature _____ Date _____

Witness Name _____ Witness Signature _____ Date _____