

For Office Use Only	
_____	Received
_____	Interviewed
_____	Background Check
_____	References
_____	Training



NEW COUNSELOR/STAFF APPLICATION

Instructions: *Please Print.* Your full Social Security number will be required separately to obtain the criminal background check from a third party. A photo I.D. (preferably driver's license, passport etc.) will be required to be shown at the interview to verify that your photo and name match the name on this application and background check.

 Last Name First Name Date

 Address City State Zip

 Age Birthdate Marital Status Sex

 Occupation Name of Employer Number of Years

(_____) _____
 Best Contact Phone Number Email

 Emergency Contact Relationship Phone (_____) _____

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

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

<input type="checkbox"/> Saturday Truck Loading		<input type="checkbox"/> Sunday Camp Setup		
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Times Available: _____
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Times Available: _____
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Times Available: _____
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	Times Available: _____
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon		Times Available: _____
Additional Notes: _____				

I would prefer my campers to be: 6-7 Years Old 8-9 Years Old 10-11 Years Old

PERSONAL INFORMATION: Where do you presently attend Church? Not Attending

Church Name: _____ How Long? ____ years and ____ months

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

Church Address: _____

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

N/A

Have you committed your life to Jesus Christ? NO YES

Where & When: _____

How long have you lived in this state? _____ years and _____ months. If you have lived in this state for less than five years, list your complete addresses for the last five years:

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

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

No Yes. In what way: _____

Were you a victim of abuse, neglect or abandonment as a minor?

No Yes (clarify below) Yes, but I would prefer to discuss this in person.

Please Clarify: _____

Do you have any previous experience working with children? NO YES, please describe:

Do you have any previous experience working with foster children or children in trauma?

NO YES, please describe: _____

Have you worked with or associated with children of abuse, neglect or abandonment this past year?

No Yes. In what way: _____

Have you served at a RFK Camp or Mentoring Club before? NO YES

Where & When: _____

Director's Name: _____

Telephone: (____) _____ - _____

(We will call previous Directors as another reference)

Please describe why you wish to be a volunteer for RFK?

Please check 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 | Motivated | 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. _____

MEDICAL CONCERNS: Camp can be physically tiring, even exhausting. The facility or activities may require volunteers to manage uneven terrain, be at a high altitude, require hiking, climbing, running, swimming, lifting, stairs, and other strenuous activities depending on the volunteer position.

Your medical condition (physical fitness, recent or chronic injuries, allergies, physical or emotional limitations, etc.) and even the medications you take may be affected by the activities, the altitude, the foods served, the emotional challenges with the kids, or the sleeping conditions.

(Note: Volunteers who stay in the sleeping quarters with the children are not allowed to have medications in those quarters. Medications must be kept in other secure locations as designated by Camp Leadership.)

Do you have any medical conditions or concerns, or are you taking any medications that you believe could prevent you from being an effective volunteer that we need to know about in order to help you be effective at camp?

RECORD OF EDUCATION:

High School Name: _____ Date of Graduation: _____

College: _____ Major: _____ Date of Graduation: _____

Other: _____ Major: _____ Date of Graduation: _____

PERSONAL REFERENCES: (not relatives)

1. _____
Name Address Telephone

2. _____
Name Address Telephone

3. _____
Name Address Telephone

CRIMINAL BACKGROUND: If your records have been expunged pursuant to applicable law, you are not required to answer yes to the following questions. If you are unsure whether to answer yes, we strongly suggest that you answer yes and fully disclose all incidents to avoid any future risk of embarrassment upon disclosure.

- 1. Have you ever been **convicted** of or **pleaded guilty** to any crimes including municipal, state and federal?
 Yes No
- 2. Have you ever been **placed on probation**, received a **Suspended Execution, Suspended Sentence** or **Suspended Imposition of Sentence** for any offense involving a minor child (a child under 18), or been **placed on ANY local, state, or federal sexual registry**?
 Yes No
- 3. Have you ever been **sued in a civil court** of law where the allegations in the suit involved **illegal, inappropriate, or sexual conduct** or contact with a minor child?
 Yes No
- 4. Have you ever been subject to any **court order** involving any **sexual, physical or verbal abuse** including but not limited to any domestic violence or civil harassment injunction or protective order?
 Yes No
- 5. Have you ever **resigned, been terminated or been asked to resign** from a position, whether paid or as a volunteer, due to a **complaint(s) of sexual, physical or verbal abuse of minors**?
 Yes No

REPRESENTATIONS AND RELEASE: I understand that for the church to carry on a RFK Camp, it has had to agree to abide by certain policies and parameters established by RFK, including strict policies against any form of child abuse, and that violation of these policies may be cause for dismissal. Child abuse is punishable by law, and the church is bound by law to report allegations of abuse or any inappropriate sexual contact to the proper authorities. ALL reporting is kept confidential, by law. All volunteers must commit to immediately report any behavior that seems suspicious, questionable, abusive or inappropriate between: child-to-child, staff-to-child, and staff-to-staff.

If YOU are struggling with a sexual attraction to children, please opt out of service in the church’s RFK Camp or any other child-serving organization and seek help. One option is: “Hope for the Heart” at (800) 488-HOPE (4673) or www.hopefortheheart.org.

I understand that I will be required to submit to a background check as a condition of acceptance as a volunteer, and that unsatisfactory results, refusal to cooperate, or any attempt to affect the results of these background checks will result in me being removed as a volunteer or volunteer applicant.

I hereby certify that all of the information provided by me in this Application (or in any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in these documents may (or will) be cause for the denial of acceptance as a volunteer, or immediate removal as a volunteer, regardless of the timing or circumstances of discovery.

In consideration of the receipt and evaluation of this Application by the sponsoring Church, I hereby authorize you to contact any references, churches, youth groups, schools attended, former and present employers, charities, courts, and any other person, agency, or organization that may have information about me, and for them to provide to you such information (including opinions) that they may have regarding my character and fitness for working with children; I hereby release any such references, churches, youth groups, schools attended, former and present employers, charities, courts, and any other person, agency or organization who may have provided information about me, 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 also agree to hold RFK, the sponsoring church, RFK Camp Leadership, and any other person to whom the release above applies, harmless from any damages, specifically including attorney fees and court costs, created by or relating to my unwarranted attempt to collect damages for providing information described above or any other unwarranted action by me in connection with this Application. I waive any right that I may have to inspect any information provided about me or by any person or organization identified by me in the Application process.

In addition, I hereby release, and agree that I, my successors, assignees, heirs, guardians and legal representatives will not make any claims or take any legal actions against, RFK or any of its affiliated organizations, or its officers, directors, employees, agents, or volunteers ("Released Parties"), for my injury, death, damage or loss, however caused, arising from or in connection with my participation in RFK activities, with the exception of my injury, death, damage or loss as the direct result of illegal or grossly negligent acts by RFK, and I will hold the Released Parties harmless from any costs or loss, including attorney fees and court costs, arising from or in connection with my activities in violation of these provisions.

I understand that submission of an application does not guarantee me acceptance as a volunteer. I further understand that should the church extend an offer to me as a volunteer, it is for no specific duration and may be revoked by either the sponsoring church, or me at any time, with or without cause.

I understand that none of the documents, policies, procedures, actions, statements of RFK, the sponsoring church, the RFK Leadership or their representatives and agents used during the volunteer application process is deemed an offer for a contract or in fact a contract, real or implied. If accepted as a volunteer, I agree to conform to the rules, regulations, policies, and procedures while serving as a volunteer, and understand that such compliance is a condition of remaining a volunteer.

All Royal Family KIDS Camps are operated as a ministry of a local Sponsoring Church or in conjunction with a local non-profit organization. As such, all volunteers will fall under the authority of the Camp Leadership as trained by the RFK National Office and under the authority and beliefs of the Sponsoring Church. The Sponsoring Church may or may not require membership or attendance of their church, but all volunteers need to understand that church leadership has authority over the operations and expectations of the RFK Camp and the churches beliefs will inevitably be evident in the selection process and operation of the RFK Camp as a ministry of their church.

I have carefully read the above Application and this Acknowledgement and Release and know and understand its contents; I also know the above is legally binding on me. I sign this Application and Release of my own free will.

Print Name

Signature

Date Executed

Witness Name

Witness Signature

Date Executed