

CAMP SONRISE MOUNTAIN Staff Screening Form

This application is to be completed by all 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 you who participate in our program and use our facilities.

PERSONAL

NAME _____ DATE _____

ADDRESS _____

PHONE/CELL PHONE _____ Sex: ___M___F 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___Divorces___Separated

Living with someone ___ (If yes, please explain) _____

Do you use alcohol or tobacco in any form? ___Yes___No (If yes please explain) _____

Are you on any medications that may affect your working on staff? ___Yes___No

(If yes, please explain) _____

Have you ever been convicted of, or pleaded guilty to a crime? ___Yes___No

(If yes, please explain and attach a separate page if necessary. _____

Do you have any addictions that might inhibit you from working with the staff and campers effectively? ___Yes___No (If yes, please explain) _____

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 and name of the pastor where you have attended during the last five years: _____

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

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

What are you interested in doing on staff? _____

Have you ever been a camper at Camp Sunrise Mountain? ___ Yes ___ No

Have you ever been on staff before? ___ Yes ___ No
(If yes when and with what age group and under which Dean? _____)

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 opinion) 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.

**Return to: Pastor Beth Dunlap
157 N. 2nd Avenue
West Newton, PA 15089
724-875-7738**