



Rockford Christian Camp

STAFF APPLICATION & RELEASE FORM

CONFIDENTIAL

This application should be completed by all applicants for any position involving the supervision of campers. This is not an employment application. The purpose of this form is to assist in the creation of a safe environment for children who participate in the programs of Rockford Christian Camp (hereinafter RCC) or use RCC facilities. It is the position of RCC that suspicions or allegations of child abuse or neglect will be reported to relevant state authorities.

DATE: _____

DATE OF BIRTH (MM/DD/YYYY): ____ / ____ / ____

APPLYING FOR FOLLOWING SESSION (Check ALL THAT APPLY):

| | | | |
|----------|----------|--------------|-------------|
| SESSION: | SENIOR | INTERMEDIATE | JUNIOR |
| RETREAT: | MEMORIAL | LABOR | YOUNG ADULT |

NAME:

_____ *last* _____ *first* _____ *middle int.*

GENDER: M: _____ F: _____

MARITAL STATUS: _____
(single, married, separated, divorced, widowed, etc.)

Phone Numbers:

CELL: _____ HOME: _____ WORK: _____

ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

How many years have you lived at your current address? _____

CURRENT CHURH MEMBERSHIP:

CONGREGATION NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____



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PHONE: _____

YEARS OF MEMBERSHIP: _____

Please list previous volunteer work (or employment) with children (*list each organization's name and address, type of work, dates, and a contact person familiar with your work there. Use back of this page for more space, if necessary.*)

ORGANIZATION A: _____

PHONE: _____

CONTACT PERSON: _____

YEARS OF SERVICE (FROM, TO): _____

ADDRESS (STREET, CITY, STATE, ZIP): _____

DESCRIPTION OF WORK: _____

ORGANIZATION B: _____

PHONE: _____

CONTACT PERSON: _____

YEARS OF SERVICE (FROM, TO): _____

ADDRESS (STREET, CITY, STATE, ZIP): _____

DESCRIPTION OF WORK: _____

List any talents, vocations, preparation, training or other experiences that have equipped you to work with children or students:

What is your vision for Christian camp ministry?

Do you have a preference concerning the age group of campers with whom you would like to work? If so, what is the basis for this preference?



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REFERENCES

References must include one family member and one member of opposite gender and one church leader. Please contact these references and inform them an authorized RCC representative may be contacting them regarding your application.

REFERENCE 1:

NAME: _____ ORGANIZATION: _____

PHONE: : _____ RELATIONSHIP: _____

ADDRESS (STREET,
CITY, STATE, ZIP): _____

EMAIL: _____

REFERENCE 2:

NAME: _____ ORGANIZATION: _____

PHONE: : _____ RELATIONSHIP: _____

ADDRESS (STREET,
CITY, STATE, ZIP): _____

EMAIL: _____

REFERENCE 3:

NAME: _____ ORGANIZATION: _____

PHONE: : _____ RELATIONSHIP: _____

ADDRESS (STREET,
CITY, STATE, ZIP): _____

EMAIL: _____

DECLARATIONS:

- Are you currently in voluntary or court-appointed treatment for use of drugs or alcohol?
 - If 'YES', please explain: _____

- Have ever been charged with domestic abuse or any related child abuse or molestation?
 - If 'YES', please explain: _____



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RELEASE

I authorize RCC to contact all individuals, organizations and references listed on this **Safety Application Form** to verify the information I have provided. I agree to release from liability any person or organization providing information related to me, including those persons I have listed as references, as well as contact persons from my previous volunteer work or employment with children.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____