

Camp Mount Pleasant New Staff Application

Confidential Page 1 of

Check desired ministry area: Counselor/ Team Leader Kitchen Staff

Please understand that you are volunteering to SERVE at camp. We will try to place you in the area you have chosen but all staff will be placed according to what the needs and demands of the camp year.

Basic Information

Name _____
First MI Last

Street Address City State Zip

Phone numbers (_____) (_____) _____

Best times to reach me at home _____

Employer's Name and address

Job Position and Length of employment _____

Email _____

Social Security # _____

Name of Church _____

Church Address: _____

How long have you attended this church? _____

Your Pastor's Name and Phone : _____

Emergency contact Name and Phone

Family Information

Marital status (Check one): Single Married (anniversary date _____) Divorced

If married, spouse's name: _____

If you have children, their names and ages:

1. _____ 2. _____

3. _____ 4. _____

Volunteer or Paid Ministry Experience

Church (name, city, state, and zip) Dates Area of service Contact person

Phone

1. _____

2. _____

3. _____

Tell Us About Yourself

1. When (how many years have you been saved) and how did you become a Christian?

2. When and where were you baptized?

3. Do you use illegal drugs, alcoholic beverages or tobacco? _____

A criterion to serve at Youth Camp is that our Volunteer Staff abstains from illegal drugs, alcoholic beverages and tobacco. If you use any of those, you will not be allowed to serve as a Camp Volunteer.

4. Have you been faithful to attend Sunday School the last 12 months? _____

If not why? _____

5. What is your Sunday School's Teacher's name and phone number?

SS Teacher's Name and Phone: _____

6. Have you been faithful to attend Church the last 12 months? _____

A criterion to serve at Youth Camp is faithfulness to Church. If you are not faithful to Church, you will not be allowed to serve as a Camp Volunteer.

7. Pastor's Name: _____ Phone: (_____) _____

(Your Pastor must sign this before you send it)

As Pastor of the applicant, I recommend them as an active and very faithful part of our church:

Pastor's Signature:

8. How many years have you served on staff at the Camp Mount Pleasant Camp? _____

9. Are you a certified Red Cross Lifeguard? _____

10. Circle the week/s you want to serve? Teen Week Junior Week

References

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background, physically and spiritually.

1.

Name	Address	Home / work phone
Relationship _____		

2.

Name	Address	Home / work phone
Relationship _____		

3.

Name	Address	Home / work phone
Relationship _____		

Self-Description

Please circle the words that best describe you, and cross out words that least describe you.

trustworthy dependable active compassionate reliable self-starter punctual
flexible laid-back quick thinker spontaneous decisive teachable team player
humorous thoughtful solitary leader cautious risk taker patient
reflective honest organized creative disciplined faithful

What are your spiritual gifts?

Please list any personal weaknesses, areas where you need to grow, or special concerns that could affect your ministry with campers.

1.

2.

Medical Information

Have you had any prior injuries that might be aggravated by working in youth camping ministry?

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry?

Do you have any medical conditions that might be hazardous to others?

If you answered yes to any of the questions above, please use the back of this page and explain completely.

Your Doctor's named Phone _____

Insurance Company: _____

Group or Policy # _____ ID # _____

Insurance Company's Phone # (_____) _____

Background information

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?

yes no

Have you ever been accused or convicted of possession / sales of controlled substances or of driving under the influence of alcohol or drugs? yes no

Have you been arrested or convicted for any criminal act more serious than a traffic violation? yes no

Have you ever been involved romantically or sexually with any student in the youth ministry, or had sexual relations with any minor after you became an adult? yes no

Have you ever been a victim of any form of child abuse? yes no

If yes, would you like to speak to a counselor or pastor? yes no

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer? yes no

If the answer to any of the above questions is yes, please use the back of this page and write a full explanation.

Miscellaneous Information

1. We operate the camp on a no visitation and no partial week's policy for Campers and Staff members. This helps in keeping the spirit of camp consistent through the week.
2. The Awards Banquet theme for this year will be announced on Facebook.
3. . Please be aware of Code of Conduct and Dress Code requirements.
4. Be flexible and willing to humbly serve the campers in the Love of Christ.

5. There is no Staff Fee for College students or Adults. Staff and counselors 14 years old thru high school seniors will pay \$35 fee. Make Checks payable to: Camp Mount Pleasant or pay online at Campmtpleasant.com
6. You will receive a Camp T-Shirt if you turned this application in before April 30th please circle your adult size:
Small - Medium - Large - XLarge - XXLarge - XXXLarge

Waiver / Release

I, the undersigned, give my authorization to the Camp Mount Pleasant representatives to verify the information on this form. Those representatives may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth camp worker. I give permission to the camp to run a Criminal background check and will be willing to submit to the reports and the decisions of the camp.

The information contained in this application is correct to the best of my knowledge. 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 camping ministry. In consideration of the receipt and evaluation of this application by The Camp, 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 that may at any time result to me, my heirs, or family, because 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.

Should my application be accepted, I agree to be bound by the constitution, statement of faith and policies of Camp Mount Pleasant, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Camp. If I violate these guidelines, I understand that my volunteer status will be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT. This is a legally binding agreement, which I have read and understand.

Print name _____ Date _____

Signature _____
(Parent's Signature if under 18)

Please mail all five COMPLETED pages and check back to:
Roger and Lisa Cross,
1167 Kathleen Ave.,
Cantonment , FL 32533
Questions? email : campmountpleasant@gmail.com
or call 850-712-6031



NOTICE – BACKGROUND INVESTIGATION

In connection with your volunteer service with Camp Mount Pleasant, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Camp Mount Pleasant at any time after receipt of this authorization and throughout the course of my volunteer service, if applicable.

Signature: _____

Date: _____

Print Name: _____

Last Four Digits of SSN: _____



Information for background check

Today's Date: _____

Last Name: _____ First Name: _____ Middle Name _____

Please List other Names used: _____

Home Address: _____

City _____ Country _____ State _____ ZIP _____

SSN: _____

Driver License or State ID Number: _____ State Issued in: _____

Email Address: _____

For identification purposes only, please provide full DOB: _____