

CAMP ST. FRANCIS - STAFF APPLICATION [Complete the entire form]

PERSONAL INFORMATION

All volunteer/employed staff, age 18 and older, must complete the attached disclosure and provide authorization for a background screening prior to Camp.

Full Legal Name*: _____ SS#* _____ Birth Date* _____

Street Address: _____ City, State & Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____ Facebook™ User? Evite™ User?

Current Employer: _____ Employer's Phone: _____

Current School: _____ Driver's License #***: _____

Insurance Company: _____ Auto Insurance #***: _____

**Please send, with this leadership information form, a copy of your current Driver's License & Insurance Card.

POSITION DESIRED (Please review the enclosed Staff Position Descriptions.)

Please note that final assignments are based upon experience, availability, preference and overall camp need.

Director Program Director/Assistant Spirit Director Medic Lifeguard Chaplain Kitchen Crew

Unit Director (U.D.) Counselor Counselor-In-Training (C.I.T.) Pre-Camp Volunteer

Age group experience/preference: Juniors (7-9) Intermediates (10-11) Seniors (12-13)

Program Specialist or PS in Training (PSIT) Please list areas of interest _____ Program Aide (14+)

Archery, Arts/Crafts, Active Games/Sports, Campfire, Chapel, Lakefront/Boating, Music/Group Singing, Nature/Hiking, Scarf Society/Discussions, NEW IDEA?

EXPERIENCE: (additional paper may be used if necessary)

What experience caring for youth or involvement in youth/camping programs do you have?

What strengths or skills do you have that you feel might help at camp?

Why do you want to volunteer to serve the youth at Camp St. Francis? What do you see as your part in serving camp's mission?

Current Scarf Held _____ Last year attended _____

CERTIFICATION – If you possess Current Certification for the following, please provide expiration date(s).

Red Cross First Aid _____ CPR _____ Red Cross Life Saving _____ Swimming Instruction _____

REFERENCES: Please include references familiar with your character as it relates to working with or as a youth: (Include social worker if you have one.)

Church/City: _____ Church reference/phone#: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

LEADERSHIP REQUIREMENTS

As an applicant, you must possess the moral, educational and emotional qualities that Camp Saint Francis deems necessary to afford positive leadership to youth.

Have you ever been convicted of a misdemeanor? YES NO Ever convicted of a felony? YES NO
Has your driver's license ever been revoked? YES NO Do you use any controlled substances? YES NO
Have you ever been charged with child abuse or child neglect? YES NO
Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? YES NO

If you answered "YES" to ANY of the above questions, please explain:

Agreements:

Drivers' Agreement [For Staff member or Parent of Staff able to drive to/from Camp]:

I will be driving to camp. I am able and willing to carry _____ (#) passengers. I certify that my vehicle is in good working condition, and comes equipped with a seat belt for each passenger that will ride with me. I, also, certify that I have a valid driver's license without restrictions, and that I am insured for at least the minimum amount of auto insurance required by the state of California. I, further, agree not to consume any alcoholic beverages, narcotics, or prescription medications that may impair my driving ability, prior to or during the drive to and from the pick-up locations. _____ (Initial)

*****A copy of your current driver's license and proof of insurance is required.

I understand that the information I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning me. I, hereby, release and agree to hold harmless from liability any person or organization that provides information. I, also, agree to hold harmless Camp Saint Francis, The Episcopal Diocese of California, and the officers, employees, and volunteers thereof.

In applying for this position I understand that I am applying to be a member of a faith centered program development and implementation team. I desire to create a safe, loving, and God filled community for the campers at Camp St. Francis. If chosen, I commit to attending camp training events.

"In signing this application, I have read the enclosed information and apply for a volunteer position with Camp Saint Francis. I agree to comply with the Bylaws, rules and guidelines of Camp Saint Francis. I affirm that the information I have given on this form is true and correct."

Signature of Applicant: _____ **Date:** _____

If applicant is under 18 years of age, parent/guardian must also sign to acknowledge agreements above.

Signature of Parent/Guardian: _____ **Date:** _____

Return this completed form & license/insurance copies to:
Camp St. Francis, 1524 San Carlos Ave #1, San Carlos CA 94070

Camp Saint Francis staff use only

We are unaware of any information contrary to the information on this application. This applicant meets the leadership standards of Camp Saint Francis.

Signature of Interview Committee Chair: _____ Date: _____

Signature of Camp Director: _____ Date: _____

Authorization Received: _____ Background Screening Requested: _____ Applicant Screening reviewed/approved or declined _____

CAMP SAINT FRANCIS

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT/VOLUNTEER PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for a Camp Volunteer or Employee position, Camp St. Francis ("CSF") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, **criminal history reports**, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through **personal interviews with your prior employers, neighbors, friends, or associates**, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Camp Saint Francis to obtain and rely upon consumer reports or investigative consumer reports in considering me for a volunteer position or employment. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the recruitment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Address

Dates Lived Here

Current

Date of Birth

Other Names Used (including maiden name)

Years Used

Security Number

Driver's License #

State

Social

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date