

Staff/Volunteer Screening Form

For Northeast Bible Camp 2009

Sponsored by the Northboro Church of Christ

Thank you for your willingness to serve in a position at the Northeast Bible Camp 2009 sponsored by the Northboro Church of Christ, August 8-14, at Camp Hunt in Hubbardsville, New York.

Because every volunteer and staff participant has the potential to impact children for good or evil, we must ensure that all those participating maintain a biblical standard of godliness in their personal behavior. We trust that you share our desire to protect the precious children whom God has entrusted to us.

Please fill out the screening form, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to this form.

Name: _____
Last First Middle

If you have ever used other names, such as married or maiden names, please provide the names and dates of use.

Name	Date
Name	Date

Will you be over the age of 18 on or before August 8? Yes No

Present Address: _____

City / State / Zip: _____

Home Telephone Number: _____

Volunteer Position: _____

Do you have any current Red Cross Certificates for First Aid, CPR, Life Guard or other? Please give the name of the certificate(s) and the expiration date(s) _____

SPIRITUAL QUALIFICATIONS:

Are you a Christian? Yes No

In a brief paragraph, please describe how and when you became a Christian. _____

Please list the churches you have attended in the last 5 years; begin with the one you attend now:

- 1) _____

Name	Phone Number
Address	
Reason for leaving	Dates Attended

- 2) _____

Name	Phone Number
Address	
Reason for leaving	Dates Attended

- 3) _____

Name	Phone Number
Address	
Reason for leaving	Dates Attended

REFERENCES:

Please list three individuals to whom you are not related by blood or marriage and who have known you for at least five years.

1) Name: _____

Address: _____

Telephone: _____
Daytime Number _____ Other Number _____

Relationship to reference: _____

2) Name: _____

Address: _____

Telephone: _____
Daytime Number _____ Other Number _____

Relationship to reference: _____

3) Name: _____

Address: _____

Telephone: _____
Daytime Number _____ Other Number _____

Relationship to reference: _____

BACKGROUND INFORMATION:

1. Have you ever been convicted of or pled guilty to committing a crime involving the abuse or endangerment of children? Yes No

If you answered "yes" to the above question, we regret to inform you that you are not eligible to serve in our camp.

2. Have you ever been or are you currently charged with committing a crime involving the abuse or endangerment of children? Yes No

If you answered "yes," please explain: _____

3. Have you ever been or are you currently being investigated by a governmental agency for the abuse or endangerment of children? Yes No

If you answered "yes," please explain: _____

4. Have you ever been or are you currently, involved in any illegal or unethical financial dealings? Yes No

If you answered "yes," please explain: _____

5. Have you ever been convicted or pled guilty to a crime involving a drug-related charge, a crime of violence, theft, or criminal negligence? Yes No

If you answered "yes" please explain: _____

6. Have you ever been sued for negligence with regard to caring for or supervising children? Yes No

If you answered "yes," please explain: _____

7. Will you commit to pray for the Northeast Bible Camp 2009 that God will work in the lives of the children, guide and direct the leadership, and protect all those involved? Yes No

If you answered "no," please explain: _____

I hereby certify that the information I have provided on this application is true and complete. I authorize this church to verify the information I have provided on this application by contacting the references and churches I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references listed in this application to give the church whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In consideration of the receipt and evaluation of this application by the Northboro Church of Christ, 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 compliance or any attempts to comply with this authorization.

Should my application be accepted, I agree to abide by and be bound by the policies and the moral and spiritual teachings of the Northboro Church of Christ and to refrain from unscriptural conduct in the performance of my duties on behalf of the church and its ministries.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion. I understand that any omissions from or misinformation in the application may result in the rejection of my application or my dismissal from service if I have already been given my position.

Signature of Applicant

Date

Witness

Date

AUTHORIZATION AND RELEASE

I hereby authorize any person making inquiry on behalf of the Northboro Church of Christ to obtain any information from schools, landlords, employers, or individuals relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request, whether favorable or unfavorable, to any representative of this institution presenting this authorization or a photocopy or facsimile of it.

I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, from any and all liability for damages, of whatever nature, which may at any time result to me on account of compliance or any attempts to comply with this authorization.

This authorization shall be void six months from the date of execution.

A photocopy or facsimile copy of this document and any signature shall be considered for all purposes as an original.

Date

Signature