

# WWCYC Volunteer Staff Application

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last

First

Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Weeks applying for:  Senior Camp  Junior Camp  Both Email \_\_\_\_\_

Do you have a current CPR or standard First Aid Certificate?  Yes  No

Do you have previous camp experience for the position you are applying for? \_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## References

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

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to reference? \_\_\_\_\_

\_\_\_\_\_

Length you've known reference? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to reference? \_\_\_\_\_

\_\_\_\_\_

Length you've known reference? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to reference? \_\_\_\_\_

\_\_\_\_\_

Length you've known reference? \_\_\_\_\_

## Waiver and Consent

I, \_\_\_\_\_, hereby certify that the information I have provided on this application is true and correct. I authorize the camp managers to verify the information I have provided on this application by contacting the references I have listed. I authorize the references to give you whatever information they may have regarding my character and fitness for the position for which I've applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted for volunteer service, I agree to abide by and be bound by the policies of the Western Wyoming Christian Youth Camp and to refrain from inappropriate conduct in the performance of my duties in behalf of the Western Wyoming Christian Youth Camp. I have read this waiver, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant

Date

# Reference Check Form

(This form must be completed by an active elder, if that is not applicable, an active deacon or a camp dean/manager is permitted)

Staff applicant name: \_\_\_\_\_ Reference name and position: \_\_\_\_\_

Reference address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Questionnaire:

1. How long have you served in this leadership capacity in your church?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant's general personality?
5. How would you describe the applicant's ability to relate to youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicants's leadership abilities?
8. How would you feel about having the applicant as a volunteer worker with youth?
9. Do you know of any scriptural reason that would prevent the applicant from being a good christian witness at camp?
10. Do you know of any characteristics or circumstances that would negatively affect the applicant's ability to work with youth? If so, explain.
11. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, explain.
12. Please list any other comments that you would like to make.

Reference inquiry completed by: \_\_\_\_\_  
Signature Date

## Media Release

I understand that throughout the course of camp, I may be photographed or video recorded. I also understand that Western Wyoming Christian Youth Camp uses these photographs and videos for promotional purposes. I hereby give permission to Western Wyoming Christian Youth Camp to use any photographs and videos of me, for promotional purposes.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you do not want photographs or videos of yourself used for WWCYC promotional purposes please check here

# Authorization and Request for a Criminal Records Check

**This form must be completely filled out and signed by all prospective staff and visitors of Western Wyoming Christian Youth Camp!**

I, \_\_\_\_\_, hereby authorize Western Wyoming Christian Youth Camp to give the following information to ChoicePoint, the company preferred by Church Mutual Insurance Company, to conduct a ScreenNow background check, and I give permission to ChoicePoint to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release ChoicePoint and Western Wyoming Christian Youth Camp from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Print all other names that have been used by applicant (if any): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_ Social Security number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's license number: \_\_\_\_\_ State issuing license \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **\*\*\*THIS FORM MUST BE WITNESSED BY A NOTARY PUBLIC\*\*\***

\_\_\_\_\_  
Name of Applicant APPEARED BEFORE ME IN THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
Month / Year

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ (SEAL)

Please mail this completed form to:

WWCYC  
100 Flying Circle Drive  
Gillette, WY 82716