



Special Camps for Special Kids Camp John Marc Camp Staff Application

MANAGEMENT OFFICE
2824 Swiss Ave.
Dallas, TX 75204
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Instructions: Please save this document to your desktop and then type your answers directly on your computer screen for your convenience, but all signatures must be hand-signed. Then you may fax, mail, or scan and e-mail the completed application. Please answer all questions, clearly indicating not applicable in response to questions where that response is appropriate.

Date of Application _____ Social Security # _____
Name _____ Driver's License # _____
 First Middle Last Date of Birth _____

Permanent Address _____ _____ _____	List all Permanent Addresses since Age 12 _____ _____ _____
Phone # (_____) _____	_____

Current Address _____ (where we can reach you) _____ _____	Current Phone # (_____) _____ Email _____ _____
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Father's Name _____ Father's Address _____ _____ _____	Mother's Name _____ Mother's Address _____ _____ _____
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EDUCATION

College	Major Subjects	Years	Degree Granted
_____	_____	_____	_____

PAST EMPLOYMENT *List previous two summers or years*

Dates	Employer	Address	Nature of Work
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES *List names & addresses of 3 persons (NOT relatives or peers) who have knowledge of your character, experience, & ability.*

Name	Complete Address	Phone #
_____	_____	_____
_____	_____	_____

CAMP EXPERIENCE

Camper or Staff?	Camp	Address	Director	Dates
_____	_____	_____	_____	_____

PREVIOUS VOLUNTEER ACTIVITIES

Are you **currently certified** in any of the following areas?:

____ Archery _____ Canoeing _____ CHA (Horse) _____ CPR
____ Challenge Course _____ First Aid _____ Lifeguarding

Please list your special skills, hobbies, and/or talents: _____

Activity Areas

Archery* Art & Crafts Canoeing Fishing Horseback* Pottery Swimming
Challenge Course* Outdoor Adventure Sports & Games Drama/Film

**Need certification prior to staff training. (We will help you if you have skills but no certification.)*

List the three activity areas that you could lead:

1) _____ 2) _____ 3) _____

How did you hear about Camp John Marc? _____

What contribution do you think you can make at Camp John Marc? _____

What contribution do you think a well-run camp can make to individuals? _____

Are you available for an interview? _____ Where? _____ When _____

Dates available for work: From _____ To _____

Have you ever been fired or terminated for cause from any job, or have you ever been suspended or required to withdraw from a school? _____ If so, please explain _____

Have you ever been accused of, charged with, or convicted for any crime, including child molestation or any crime endangering a child? _____ If so, please explain _____

Have you ever been charged with DUI or other motor vehicle offense? _____ If so, please explain _____

Signature _____ **Date** _____

Your signature evidences your consent to our performing any background or reference checks we desire and to release information to us by third parties. All statements become part of future employee personnel files.



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name	Camp John Marc	
Contact Name	Karen Campbell		
Agency's Main Phone Number	214-360-0056	Agency's Fax Number	214-368-2003

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address	City	State	Zip Code
If Different, Address Prior 5 Years-City, State			
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

I hereby authorize VERIFIYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)