



Special Camps for Special Kids Camp John Marc Returning Staff Application

MANAGEMENT OFFICE
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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.

Name _____

Current Address _____

Current Phone _____ Email _____

Permanent Address _____

Driver's License (# & state) _____

Social Security # _____ Date of Birth _____

Emergency Contact Info. _____

Except as noted below, all information in my previous application is correct and current as of the date of this application. This includes any information related to being fired or terminated for cause from any job; suspended or required to withdraw from school; charged with any felony offense, regardless of type; accused of, charged with, or convicted for any crime, including child molestation, any crime endangering a child, involving the use of weapons, violence, arson, or public indecency; charged with a DUI, DWI, or other motor vehicle offense; possession of any controlled substance within the last five years, or for other than a first offense; residing on the same premises as a Registered Sex Offender. If anything changes prior to Camp, I will notify the Executive Director. _____

I am aware of the Camp John Marc drug policy.

Signature _____ Date _____

Best time & place to reach me is _____

____ **Yes, I would like to be a part of the summer staff at Camp John Marc.**

____ **No, I cannot be with you the entire summer but**

I would like to volunteer the week(s) of _____

The following certifications are current or I will have renewed by May of application year

WSI _____ Expiration Date _____

Lifeguard _____ Expiration Date _____

Amer. Red Cross 1st Aid _____ Expiration Date _____

CPR _____ Expiration Date _____

CHA _____ Expiration Date _____

Challenge Course _____ Expiration Date _____

Archery _____ Expiration Date _____

Other _____



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 VERIFIY 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 VERIFIY 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)