



MANAGEMENT OFFICE  
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# Special Camps for Special Kids Camp John Marc Camp Staff Application

Date of Application \_\_\_\_\_

Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Driver's License # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

List all Permanent Addresses since Age 12

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

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

Phone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Current Address \_\_\_\_\_

Current Phone # (\_\_\_\_) \_\_\_\_\_

(where we can reach you) \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Mother's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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
Contact Name	
Agency's Main Phone Number	Agency's Fax Number

**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			
<b>Gender</b> r	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b> r	<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)

