



## **Kamp KACE**

### **PERSONNEL APPLICATION FORM FOR WORK WITH CHILDREN & YOUTH**

Thank you for applying for a volunteer position with Kamp KACE. This Personnel Application Form is necessary to protect our children, our youth and our volunteers and to effectively place our volunteers in program positions. Thank you for providing this information.

#### **Personal Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone Number (H) ( ) \_\_\_\_\_ (C) ( ) \_\_\_\_\_

SSN: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### **Information about Your Ability to Work with Children and Youth**

In order to provide a safe and secure environment for the children at Kamp KACE, we believe it is necessary to ask you the following questions. All information will be kept in confidence by organizational leadership of Kamp KACE. Answering yes to any of the following questions may not necessarily prevent you from volunteering with the organization. Thank you for your understanding.

1. Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children or youth (e.g. use of illegal substances, etc.)  Yes  No
2. Have you ever been convicted or found guilty of a criminal offense for which a pardon has not been granted (Note: this does not include minor traffic violations)?  
If yes, please list offense(s) and the date(s) of conviction:  
\_\_\_\_\_  
 Yes  No
3. Have you ever been expelled from or had your employment terminated by any organization or employer for assault or violence against any person, or for assault, violence or impropriety with children, youth or vulnerable persons (e.g. senior citizens or persons with disabilities)?  Yes  No
4. Have you ever been investigated by the Child Welfare Agency or any other organization for suspected child abuse?  Yes  No



5. Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceeding in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behavior or conduct involving children, youth or vulnerable persons?  Yes  No
6. Do you have any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? (Please note that such health concerns may not prevent you from holding the position for which you have applied)  Yes  No
7. Do you have any contagious diseases or conditions of which we should be aware, and which we may need to take steps to protect against transmission should you volunteer at our organization?  Yes  No

## References

Please provide the names of three individuals, excluding relatives, who could provide a reference for you.

1. Name of Reference \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Number \_\_\_\_\_

Address \_\_\_\_\_

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

Nature of Relationship \_\_\_\_\_ How long have you known this person \_\_\_\_\_

2. Name of Reference \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Number \_\_\_\_\_

Address \_\_\_\_\_

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

Nature of Relationship \_\_\_\_\_ How long have you known this person \_\_\_\_\_

3. Name of Reference \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Number \_\_\_\_\_

Address \_\_\_\_\_

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

Nature of Relationship \_\_\_\_\_ How long have you known this person \_\_\_\_\_



## **RELEASE OF INFORMATION AND DECLARATION OF INTENT**

Information received is confidential and is being gathered for the purposes of screening personnel and placing them into programs with children or youth. The information gathered here will be used for the purposes of supporting the programs at Kamp KACE.

I hereby give Kamp KACE permission to contact persons named as references to ascertain my suitability for working with children and youth.

I hereby give Kamp KACE consent to verify the information provided by me in this Personnel Application Form and to contact the referees and current and former employers listed above and to obtain and verify any information from them (and any other persons that the organization determines might be able to provide relevant information) that may be relevant to my application.

I grant my permission for Kamp KACE to perform a police records check on me, and I will sign and return the attached "Release of Information and Declaration of Intent" for such purpose.

I further grant Kamp KACE permission to perform an Internet search on me and to review and consider any information found by me on the Internet.

I understand that if Kamp KACE approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service at Kamp KACE or for the volunteer position for which I am applying, Kamp KACE may terminate my volunteer service or volunteer position for any reason without advance notice.

If Kamp KACE approves my application for a volunteer position, I will sign any documents that the Organization requires and will at all times cooperate fully with the staff of Kamp KACE in the fulfillment of my duties and will keep all confidential information I encounter, in my role as a volunteer, confidential.

If at any time I determine that for any reason I am unable to support or adhere to or follow the policies or procedures of Kamp KACE, I will tell the organization and will resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this Personnel Application Form is true and correct.

Signature of Applicant \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_