



## PERSONNEL APPLICATION FORM FOR WORK WITH CHILDREN AND YOUTH

Thank you for applying for a volunteer position with Kamp KACE. This Personnel Application Form is necessary to provide a safe environment for our children, youth, and volunteers as well as to effectively place our volunteers in program positions.

Please send all completed pages to Kamp KACE at the address on the bottom of this page.

### Personal Information (Please print)

**Full Name** (first, middle, and last) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **SSN** \_\_\_\_\_

### References

Please provide the names of one individual, excluding relatives, who could provide a reference for you.

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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

### Other

Do you currently have the following certifications? CPR \_\_\_ First Aid \_\_\_ Life guard \_\_\_

### New Staff Only

**Second Reference** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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

Please list experience working with youth and any camp experiences you may have.

Company/Camp and Title	Your duties	Supervisor's name	Dates

How did you hear about Kamp KACE? \_\_\_\_\_



## 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.

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)  Yes  No
  
2. Have you ever been convicted or found guilty of a criminal offense (including sexual abuse) for which a pardon has not been granted? (This does not include minor traffic violations.)  
If yes, please list offense(s) and 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 behaviour 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

PO Box 6462 Fargo, ND 58109  
[www.kampkace.org](http://www.kampkace.org)



## 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 references 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 background check on me. I further grant Kamp KACE permission to perform an Internet search on me and to review and consider any information found about me on the Internet.

I understand that if Kamp KACE approves my volunteer application and later determines 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 \_\_\_\_\_



## Staff/Volunteer Health Information Sheet

This information is confidential and will be used for emergencies/medical care.

Full Name (first, middle, and last) \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Health conditions for which you are currently being treated

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

Are you Pregnant? \_\_\_\_\_

Allergies & Reactions (medications/foods) \_\_\_\_\_

\_\_\_\_\_

Current Medications \_\_\_\_\_

\_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Additional information that would be helpful in an emergency \_\_\_\_\_

\_\_\_\_\_

I authorize medical and nursing staff of Kamp KACE to provide appropriate first aid and emergency care while I am volunteering / working at Kamp KACE.

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

\*If you would prefer not to mail in the health information page with your application, please complete it and bring it with you to Kamp.