

For Office Use Only	
_____	Application
_____	Health Form
_____	Background
<input type="checkbox"/> Training #1 <input type="checkbox"/> Training #2	



Please
Attach Photo
Of Driver's
License

Sponsored by Bemus Point United Methodist Church
PO Box 99 Bemus Point NY 14712

COUNSELOR/STAFF APPLICATION

 Date Current Drivers License # Social Security #
 (a photocopy of license must accompany application)

 Last Name First Name M _____ F _____ / /
 Sex Birthdate

 Street Age Marital Status

 City State Zip

 Occupation Name of Employer Number of years

How long have you lived in NY? _____ Years and _____ months If you have lived in NY for less than one year, list your complete addresses for the last five years:

(_____) _____
 Home Phone Cell Phone Email

 Emergency Contact Relationship (_____) Phone

Ladies' T-Shirt Size: (modest v neck)
 Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

Men's T-shirt Size: (crew neck)
 Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large
 Do you have certification in the following?: CPR First Aid Life Guard Nurse EMT

Were you a victim of abuse, neglect or abandonment as a minor?: NO YES

Yes, but I would prefer to discuss this in person.

Please Clarify: _____

Please describe why you wish to be a counselor for abused kids (use the back for space if necessary):

MEDICAL HISTORY

Do you have any medical conditions? NO YES, please describe:

Do you take any medications? NO YES, please list medicine, reason and any side effects:

Have you had any serious illness or injuries in the last three years? NO Yes, please list:

Have you any physical handicaps or conditions preventing you from performing any type of activity?

NO YES, please list

RECORD OF EDUCATION

High School: _____ Date of Graduation: _____

College: _____ Major: _____ Date of Graduation: _____

Other: _____ Major: _____ Date of Graduation: _____

PERSONAL REFERENCES (not former employers or relatives)

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

PERSONAL PROFILE

Have you committed your life to Jesus Christ? NO YES Where & When: _____

What church do you presently attend? _____ How long? _____ Yrs. _____ Mos.

Pastor's Name: _____ Church Phone #: _____

Do you have any previous experience working with children? NO YES, please describe:

Do you have any previous experience working with abused children? NO YES, please describe:

Please circle all the words below which you believe accurately describe you:

Timid	Gentle	Impatient	Modest	Nervous	Loving
Tactful	Mature	Sarcastic	Patient	Angry	Deliberate
Congenial	Compassionate	Stubborn	Kind	Studious	Selfish
Secure	Considerate	Abrasive	Trustworthy	Motivated	Verbal
Organized	Impulsive	Intelligent	Insecure	Relaxed	

List below some strengths and some weaknesses you have in working with children (please be specific)

Strengths

1. _____
2. _____
3. _____
4. _____
5. _____

Weaknesses

1. _____
2. _____
3. _____
4. _____
5. _____

If you are applying to be a counselor, please answer the following question.

I would prefer my campers to be: 7 Yrs Old 8 Yrs Old 9 Yrs Old 10 Yrs Old 11 Yrs Old

- Have you ever been arrested for a criminal offense? NO YES
- Have you ever been convicted of or plead guilty to a crime? NO YES
- Have you ever been arrested for sexual misconduct? NO YES
- Have you ever been convicted of or plead guilty to sexual misconduct? NO YES
- Have you ever taken drugs other than prescription drugs? NO YES
- Do you currently: use tobacco NO YES use alcohol NO YES use drugs NO YES

If you answered "YES" to any of the above please explain. Use the reverse side if necessary.

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by **[church name]**, I hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Please be advised that a criminal history check will be requested from the state of NY as authorized by state law. Please complete the Background Check Authorization Form and return it with your application.

Print Name

Signature

Date