

2017 ORPR CAMP LEADERSHIP APPLICATION / SCREENING FORM

In addition to completing a Camper Application - the following form is to be completed by ALL applicants desiring to serve in a leadership position for the 2017 ORPR Camp session. **BOTH FORMS MUST BE SUBMITTED BY MAY 15, 2017** for processing. **ONLY APPLICATIONS COMPLETED IN FULL WILL BE CONSIDERED.** Thank you for your willingness to serve!

PERSONAL INFORMATION:

Applicant's Name: _____

Present Address: _____

Email Address: _____

Contact Phone Number/s: _____

Driver's License Number: _____ State: _____

POSITION FOR WHICH YOU ARE APPLYING: (Please check)

1. Assistant Director: _____

2. Counselor (Nachal'stvo): _____

3. Cabin Leader (Zven): _____

SKILLS INVENTORY: Please check if you have any of the following skills and/or certifications (Please provide copy of certifications with expiration dates where applicable).

1. Singing / Choir: _____

6. CPR Certified: _____

2. Reading in Church: _____

8. Food Service Sanitation License: _____

3. Altar Server: _____

8. Food Service Sanitation License: _____

4. Certified Lifeguard: _____

5. Certified First Aid: _____

Please list any additional skills, training, traits you have which would be of value to a leadership position at camp. (i.e.: sports, language, etc.).

Please list any Camp related or Orthodox church related activities which you participated in during this past year. (Camp luncheons, Camp work weekends, St Herman's conference, etc.)

EXPERIENCE IN A LEADERSHIP ROLE (outside of camp): Please list the main experiences you have serving in leadership. Please indicate if any of these were affiliated with youth or children.

EXPERIENCE IN A LEADERSHIP ROLE (in camp): Please list any leadership position you have held at ORPR camp.

1. Position: _____ Dates: _____

2. Position: _____ Dates: _____

3. Position: _____ Dates: _____

4. Position: _____ Dates: _____

5. Position: _____ Dates: _____

Current Rank: _____

Current Razryad: _____

Please list all earned patches (znachki):

PERSONAL REFERENCES: (other than family members) If applicant is of school age, please include one teacher/instructor as a reference.

1. Name: _____

Contact Phone / Email: _____

Relationship: _____

2. Name: _____

Contact Phone / Email: _____

Relationship: _____

3. Name: _____

Contact Phone / Email: _____

Relationship: _____

PERSONAL HISTORY: (if you prefer, you can discuss your detailed answers in confidence with one of the ORPR Camp Directors. Please indicate below if this is your preference)

1. Have you ever been arrested, convicted, or pled guilty to a crime?

yes _____ no _____

if yes, please explain:

2. Have you ever been accused or charged with any act of physical, emotional, or sexual abuse or neglect with regard to any child or teen (any individual 18 years of age and under)?

yes _____ no _____

if yes, please explain:

3. Have you ever - whether or not you were accused of doing so - engaged in acts of emotional, physical, or sexual abuse or neglect with regard to a child or teen?

yes _____ no _____

if yes, please explain:

4. Were you a victim of physical, emotional, or sexual abuse or neglect while a child or a teen?

yes _____ no _____

if yes, please explain:

5. I would like to be contacted directly to discuss these questions.

yes _____ no _____

ACKNOWLEDGMENT and SIGNATURE: Please initial before each statement and sign below.

_____ The information I have provided on this form is truthful and correct to the best of my knowledge.

_____ I authorize ORPR Camp to verify any information provided by me in this application.

_____ I authorize ORPR Camp to contact my personal references.

_____ If accepted for the position, I understand that I will be required to attend a leadership workshop, to be held prior to the 2017 camp session, at a date and time to be determined.

_____ I understand that I have no expectation of privacy concerning any information disclosed in this form. If I wish to keep any information confidential, I understand that I may only do so by direct request to the Camp President.

Applicant's signature: _____

Date: _____

Parent / Guardian signature (if applicant is under 18 years of age)

Parent / Guardian: _____

Date: _____

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

In connection with my application for leadership or volunteer service with ORPR Camp, I authorize ORPR Camp to solicit background information relative to my criminal history. I understand that ORPR Camp may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me. I authorize without any reservation, any person, agency, or other entity contacted by ORPR Camp or their agent for purposes of obtaining background information, to furnish the above information.

REQUESTED BY: ORPR CAMP

Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____ County: _____ State: _____

Social Security Number: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

How long at this address (months/years): _____

Previous Address: _____

City: _____ County: _____ State: _____ Zip: _____

How long at this address (months/years): _____

Signature: _____

Date: _____

Signature of parent/guardian (if younger than 18 years of age)

Signature: _____ Date _____