



Onward & Upward

Onward & Upward Retreat

Sponsored by Our Father's Children

6250 N.E. Loop 820 Fort Worth, TX 76180 817-788-2360 fax 817-893-0057

COUNSELOR/STAFF APPLICATION

This form must be completely filled out.

Date _____ Drivers License# _____ Social Security # _____

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

Street _____ Age _____ Marital Status _____

City _____ State _____ Zip _____

Occupation _____ Name of Employer _____ # of years _____

Home Phone(_____) _____ Business Phone(_____) _____ e-mail address _____

Emergency Contact _____ Relationship _____ (_____) _____

T-Shirt Size: Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large Adult XXXLg

Do you have certification in the following?: CPR First Aid Life Guard Nurse EMT

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 problems? 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

Physical handicaps or conditions preventing you from performing any type of activity? NO Yes, please list:

PERSONAL REFERENCES (not former employers or relatives)

1.

Name	Address	Phone
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2.

Name	Address	Phone
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PERSONAL PROFILE

Do you have any previous experience working with **abused** children? NO Yes, please list:

I would prefer my campers to be: 12 Yrs Old 13 Yrs Old 14 Yrs Old 15 Yrs Old

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references 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 Our Father's Children, 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.

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 Texas as authorized by state law if one has not been requested within the past year.

Print Name

Signature

Date