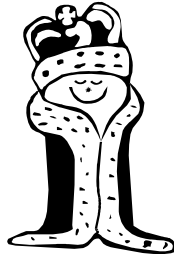


For Office Use Only
_____ Received
_____ Interviewed
_____ Contacted



Choose which camp(s) you are attending
_____ June 17-22
_____ July 22-27

# Royal Family Kids' Camp™

Sponsored by Our Father's Children, Inc. & Richland Hills Church of Christ

6250 N.E. Loop 820 N. Richland Hills, TX 76180 817-788-2360

June 17-22 or July 22-27, 2012

## COUNSELOR/STAFF APPLICATION

**Instructions:** *Please Print.* All information is held strictly confidential. This form must be completely filled out. The information is vital to your acceptance and possible placement as a counselor.

\_\_\_\_\_ Date \_\_\_\_\_ Drivers License # (Photocopy attached) \_\_\_\_\_ Social Security #

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Sex \_\_\_\_\_ Birth Date

\_\_\_\_\_ Street \_\_\_\_\_ Age \_\_\_\_\_ Marital Status

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

\_\_\_\_\_ Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_ Number of years

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

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

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Home Phone Bus. Phone Cell Phone E-mail address

\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_\_) Phone

T-Shirt Size:  Adult Small  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large  Adult 3X-Lg.

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

Do you have previous training or background in dealing with abused, neglected or abandoned children?

No  Yes. In what way: \_\_\_\_\_

*Have you ever been abused, neglected or abandoned?*

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 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 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 Name: \_\_\_\_\_ 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. \_\_\_ Months

Pastor's Name: \_\_\_\_\_ Church Phone #: \_\_\_\_\_

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

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Do you feel you could lead a 15 minute devotion with your campers with material we provide?  YES  NO

### PERSONAL PROFILE CONTINUED

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, five strengths and five weaknesses you have in working with children (please be specific)

#### Strengths

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Weaknesses

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I would prefer my campers to be: 6 Yrs Old  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 arrested for sexual molestation or 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Our Father's Children, Inc., 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 of 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 and others applicable as authorized by state law.

By signing my name, I hereby signify the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print Name Signature Date

\_\_\_\_\_  
Witness Name Witness Signature Date