

Shepherd's Spring Staff Employment Application Form

Statement of Practice: In order to safe-guard the well-being of participants served, Shepherd's Spring will investigate the accuracy of the data provided in the application process for all applicants before appointment to the staff can be made. This investigation will include, but is not necessarily limited to, reference checks with past employers, educational institutions, volunteer organizations and agencies, civic groups, and law-enforcement agencies. This information will be used only for purposes of evaluating a person for employment at Shepherd's Spring.

Position Applying For _____ Volunteer ___ Paid ___

Prior Application on File? ___ Yes ___ No Today's Date: _____

1. Personal Information

Full Name: _____ SS# _____ US Citizen: ___ Yes ___ No

Home Address: _____

City _____ State _____ Zip _____

How long at this address? _____ From _____ to present Email: _____

Home Phone: _____ Cell Phone: _____

Do you have a valid driver's license? ___ Yes ___ No If Yes, License # _____

2. Education

High School Attended _____ City and State of HS: _____

Dates attended: _____ Graduation Date: _____

College/University Attended: _____ City and State: _____

Major: _____ Dates Attended: _____ Graduation Date: _____

Please list any other educational experiences including graduate school, technical school etc.

Professional Societies, Associations, Awards, Publications: _____

Place a check next to the areas in which you hold a current certification:

Red Cross First Aid ___ CPR ___ Red Cross Certified Lifeguard ___ Water Safety Instructor ___

Canoe Instructor ___ Other (please specify) _____

Which of the above cards, if any, are you willing to obtain? _____

3. Legal Background

Have you ever been convicted of a crime? Yes ___ No ___ If yes, describe in full _____

Have you ever been convicted of sexual abuse or a crime involving actual or attempted sexual molestation of a minor?

Yes ___ No ___ If Yes, describe in full _____

4. Work Experience

Show present or most recent employer first. If you have more employment experience than there are spaces provided, please list the experiences most relevant to working at a camp or with children/youth.

(1) Company/Organization Name _____ Your Position _____

Company/Organization Address _____

City _____ State _____ Zip _____ Phone _____

Date Started _____ Date Ended _____ Reason(s) for Leaving _____

Supervisor's Name and Title _____

Description of Duties and Responsibilities _____

(2) Company/Organization Name _____ Your Position _____

Company/Organization Address _____

City _____ State _____ Zip _____ Phone _____

Date Started _____ Date Ended _____ Reason(s) for Leaving _____

Supervisor's Name and Title _____

Description of Duties and Responsibilities _____

(3) Company/Organization Name _____ Your Position _____

Company/Organization Address _____

City _____ State _____ Zip _____ Phone _____

Date Started _____ Date Ended _____ Reason(s) for Leaving _____

Supervisor's Name and Title _____

Description of Duties and Responsibilities _____

5. Volunteer Experience

Please list experiences that are most relevant to working with children/youth or working in a camp setting.

(1) Agency/Organization _____ Phone _____

Address _____

City _____ State _____ Zip _____ Dates _____

Supervisor's Name and Title _____

Description of Duties and Responsibilities _____

(2) Agency/Organization _____ Phone _____
Address _____
City _____ State _____ Zip _____ Dates _____
Supervisor's Name and Title _____
Description of Duties and Responsibilities _____

(3) Agency/Organization _____ Phone _____
Address _____
City _____ State _____ Zip _____ Dates _____
Supervisor's Name and Title _____
Description of Duties and Responsibilities _____

6. References

List three references other than persons mentioned in the above work and volunteer histories. Please include pastors, mentors, teachers/professors, etc, but do NOT list any family members.

(1) Name _____ Relationship to you _____ Phone _____
Address _____
City _____ State _____ Zip _____

(2) Name _____ Relationship to you _____ Phone _____
Address _____
City _____ State _____ Zip _____

(3) Name _____ Relationship to you _____ Phone _____
Address _____
City _____ State _____ Zip _____

7. Summer Camp Staff Applicants only –

If Applicable
College/University Attending: _____
College Address: _____
City _____ State _____ Zip _____
College Phone: _____ College E-mail: _____
Birthdate: _____ Age _____
Home Church _____ Denomination _____

Summer Camp Staff Applicants ONLY --Please complete the following questions – Type answers on a separate piece of paper

A short paragraph for each of these questions is appreciated.

- 1) Describe yourself by making an Acrostic poem of your name.
- 2) If you could bring one activity to camp to teach campers what would you bring? Please explain your activity.
- 3) Who are your heroes? Why?
- 4) Briefly describe a spiritual high and a spiritual low in your life.
- 5) Explain how you have worked or are working with children.
- 6) Name three things that you think would delight most campers.

8. Authorization to Check Criminal Records

I, _____, authorize Shepherd's Spring to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee and that I expressly DO NOT authorize Shepherd's Spring, its directors, officers, employees, or other volunteers or staff to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signed _____ Date _____
(Signature of Applicant)

Signed _____ Date _____
(Signature of authorized camp representative)

9. Consent Statements

Applicant's Statement

The information contained in this form is correct to the best of my knowledge. I authorize any references, companies, organizations, or agencies listed to give you any information they may have regarding my character and fitness to work with children and youth. I release all such references from liability for any damages that may result from furnishing such an evaluation to you.

I agree to be bound by the policies of Shepherd's Spring.

SIGNATURE _____ Date _____

Parental Consent

If the applicant is under the age of 18 at the time this application is completed, Shepherd's Spring must have the signature of a parent or legal guardian. This signature acknowledges that the parent/legal guardian is aware of their child's/ward's intent to apply for a position at Shepherd's Spring. This signature also grants executive staff of Shepherd's Spring the authority, in the event of a health-related emergency, to secure proper treatment.

SIGNATURE _____ Date _____
Relationship to applicant _____

**SEND COMPLETED APPLICATION TO:
SHEPHERD'S SPRING
P.O. Box 369
SHARPSBURG, MD 21782**

