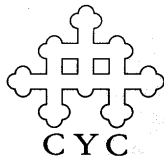


# 2010 CYC Summer Camp STAFF & VOLUNTEER

**PLEASE HAND THIS FORM TO YOUR PARISH PRIEST NO LATER THAN JUNE 1, 2010**

Applicant Information		Today's Date: _____
Name: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female
First	MI	Last
Address: _____		_____
Street(apt #)	City	State Zip Code
Home Number: _____		Work Phone: _____
Cell Phone: _____		E-mail Address: _____
Best Time To Contact You: _____		<input type="checkbox"/> AM <input type="checkbox"/> PM
Social Security Number: _____		
Drivers License _____		
Number	State	Exp. Date
Parish: _____	Steward in Good Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parish Priest: _____		Metropolis: _____
Date Of Birth: ____ / ____ / ____		Shirt Size (circle one) S M L XL XXL
Emergency Contact: _____		
Name	Number	Relationship
<b>Volunteer Activities (please circle one that you would like to help with)</b>		
•Cabin Staff• •Crafts• •Kitchen• •First Aid• •Athletics• •Life Guard• •Day Camp• •General Volunteer•		
<b>Acknowledgement, Release and Signature (required by all)</b>		
To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize CYC Summer Camp to request and receive such information.		
If hired or chosen, I agree to be bound by CYC Summer Camp's policies and procedures, including but not limited to the Policy. I understand that these may be changed, withdrawn, added to or interpreted at any time at CYC Summer Camp's sole discretion and without prior notice to me. I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of CYC Summer Camp or myself.		
Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and CYC Summer Camp for either employment, volunteering or the providing of any benefit.		
I hereby release the CYC Summer Camp, CYC(Chesapeake Youth Council), and it's staff with the Cathedral of Annunciation, St. Demetrios Church, St. Nicholas Church of Baltimore, Maryland, Sts. Mary Magdalene and Markella of Harford County, Maryland, St. Matthew Orthodox Church of Columbia, Maryland and all other involved Orthodox Churches from all liability in the event I or my child/children (please enter name), _____ becomes ill or is injured while attending the CYC Summer Camp from July 26 through 31, 2009. I recognize that the CYC and the CYC Summer Camp Staff will take all reasonable precautions to insure the safety and well being of my child while attending and participating in the CYC Summer Camp.		
<b>In accordance with the regulations of the Greek Orthodox Archdiocese of America and the Metropolis of New Jersey, all staff members are subject to a background check.</b>		
<b>I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.</b>		
SIGNATURE _____		DATE _____
(SIGNED BY PARENT/GUARDIAN IF UNDER 18)		

**PLEASE FILL OUT THE APPLICATION, ANSWER ALL THE QUESTIONS, SIGN THE RELEASE  
AND THEN HAND THIS FORM TO YOUR PARISH PRIEST NO LATER THAN JUNE 1, 2010**



**PLEASE HAND THIS FORM TO YOUR PARISH PRIEST NO LATER THAN JUNE 1, 2010**

**Please Answer the Required Questions** (attach more sheets if needed)

What interests you about the position you are currently applying?

\_\_\_\_\_

What has prepared you for the position you are currently applying?

\_\_\_\_\_

Please explain your current participation in the Orthodox Church?

\_\_\_\_\_

What other religious or church-related programs have you been involved in at your parish?

\_\_\_\_\_

At what other parish(es) have you been a member? Who were the priests there?

\_\_\_\_\_

What religious or church-related programs have you been involved in at other parishes?

\_\_\_\_\_

What steps are you taking or have you taken to better know your faith?

\_\_\_\_\_

Why do you want to volunteer with our camping program or youth ministry?

\_\_\_\_\_

What do you believe you can contribute to the camp program?

\_\_\_\_\_

Specifically, what God-given talent(s) can you offer to the camp program?

\_\_\_\_\_

**Employment History (For Last 10 years)**

**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Supervisor name and phone number: \_\_\_\_\_

Position held: \_\_\_\_\_ Employment Dates: from to: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Supervisor name and phone number: \_\_\_\_\_

Position held: \_\_\_\_\_ Employment Dates: from to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_

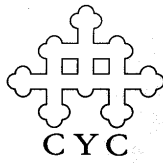
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate Supervisor name and phone number: \_\_\_\_\_

Position held: \_\_\_\_\_ Employment Dates: from to: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Employment History (Continued)**

**Previous Employer**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Immediate Supervisor name and phone number: \_\_\_\_\_  
Position held: \_\_\_\_\_ Employment Dates: from: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Volunteer Experience**

Include all experience working with children or youth.

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_ Dates: from to: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_ Dates: from to: \_\_\_\_\_

**Educational History**

Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates: from \_\_\_\_\_ to \_\_\_\_\_ Type of school: \_\_\_\_\_  
Name of program or degree: \_\_\_\_\_ Program completed? \_\_\_\_\_

Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates: from \_\_\_\_\_ to \_\_\_\_\_ Type of school: \_\_\_\_\_  
Name of program or degree: \_\_\_\_\_ Program completed? \_\_\_\_\_

**Professional or Civic Experience**

**Reference 1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**Family Reference**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**Spiritual Reference (Priest)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Have you ever been accused of physically, sexually or emotionally abusing a child or and adult?

Yes  No

If yes, please explain: \_\_\_\_\_

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## Background Screening Consent and Information Form

***Applicant should complete all relevant information and sign and date the form.***

Applicant's Full Name (Printed): \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Metropolis of New Jersey abides by all applicable state and federal employment laws.

### ADDRESSES (for the past 10 Years)

Present Address \_\_\_\_\_

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

How Long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

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

How Long at Former Address? \_\_\_\_\_

Former Address \_\_\_\_\_

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

How Long at Former Address? \_\_\_\_\_

Please list all states and counties of residence since turning age 18:

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

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

I, \_\_\_\_\_, hereby authorize Metropolis of New Jersey and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with Metropolis of New Jersey.

I release Metropolis of New Jersey and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The name above is my true and complete legal name and all information provided above is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Are you applying for employment in California, Minnesota or Oklahoma? Yes \_\_\_ No \_\_\_  
If so, do you want a copy of any Consumer Report prepared concerning you? Yes \_\_\_ No \_\_\_

I understand that California law requires Metropolis of New Jersey to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Metropolis of New Jersey to liability (Section 1786.29).