



Volunteer Application Form

Complete this form no less than two weeks before camp and mail to
Terri Long, Camp Registrar
5833 SW 29th St., Suite A
Topeka, KS 66614-5500

Please print/write clearly. Please use additional sheets of paper if necessary.

CAMP NAME: _____

CAMP DIRECTOR: _____

Name: _____

Maiden Name (If Applicable): _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Length of Time at the Above Address: _____

Driver's License #: _____ State: _____

Previous residence(s) for last 5 years (include college/home)

_____ Years: _____

_____ Years: _____

_____ Years: _____

_____ Years: _____

1) Give the names, addresses and telephone numbers of three personal references and their relationship to you. Use a separate sheet of paper if necessary.

1. _____

2. _____

3. _____

2) List all paid and volunteer positions you have held with children's organizations, i.e. Boy/Girl Scout Leader, Vacation Bible School worker, etc. Indicate dates of service and the names, addresses and telephone numbers of the sponsoring organization. Use a separate sheet if necessary.

3) Have you been removed from any of the positions listed above for reasons relating to allegations of physical or sexual abuse by you? No Yes **If yes**, please explain on a separate sheet of paper.

4) Have you ever been convicted of any crime of violence against minors, including but not limited to those listed below?

- Indecent assault and battery on a child or adult
- Rape, molestation, sexual or physical abuse
- Assault with intent to commit rape
- Kidnapping of a child or an adult
- Distribution and/or trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

No Yes **If yes,** please explain on a separate sheet of paper.

5) Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? No Yes **If yes,** please explain on a separate sheet of paper.

6) Are you subject to a court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? No Yes **If yes,** please explain on a separate sheet of paper.

7) Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

No Yes **If yes,** please explain on a separate sheet of paper.

8) Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse by you? No Yes **If yes,** explain on a separate sheet of paper.

9) Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? No Yes **If yes,** please explain on a separate sheet of paper.

10) Have you ever been convicted of, pled guilty or nolo contender (no contest) to a criminal offense?
 No Yes **If yes,** please explain on a separate sheet of paper.

Please read carefully and sign below

Note: This disclosure statement must be updated yearly.

I hereby certify that the information in this application, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omission of facts or attempts to practice any material deception or fraud shall be sufficient cause for disqualification or termination of my position.

If accepted as a volunteer I agree to observe all rules, regulations and policies of the American Baptist Churches of the Central Region.

By signing below, I understand that:

- The American Baptist Churches of the Central Region may deny employment to any person who answers any of the preceding questions.
- The American Baptist Churches of the Central Region may terminate employment or volunteer service of any person found to have a history of complaints of abuse of a minor and/or found to have resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to complaints of sexual abuse of a minor.
- In applying for a camp position, the information which I have furnished on this form is subject to verification, which may include an SRS background check, a criminal history check, request from any Central Registry of child abusers, and fingerprint verification through the Department of Justice and that I will agree to execute any additional releases necessary to permit the release of such information.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____