

# ROCK OF AGES BIBLE CAMP

## PERSONNEL APPLICATION FORM FOR WORK WITH CHILDREN & YOUTH

Thank you for applying for a volunteer position with Rock of Ages Bible Camp. In our desire to reduce the risk of abuse within the Organization's programs, and to consider your suitability for the volunteer position, we need to collect some information from you. This Personnel Application Form is necessary to protect our children, our youth and our volunteers and to effectively place our volunteers in program positions. Thank you in advance for providing this information.

### Personal Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (B) \_\_\_\_\_

### Personal History

List your Hobbies, Interests or Skills

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

List any talents, training, education or other qualifications that have prepared you to work with children or youth.

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

My present and previous youth-related volunteer/work experience is as follows:

1. Name of Organization: \_\_\_\_\_

Dates and Description of Work: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name of Organization: \_\_\_\_\_

Dates and Description of Work: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

## Information About Your Ability to Work with Children and Youth

In order to continue to provide a safe and secure environment for the Organization's children and youth, we believe it is necessary to ask you the following questions. All information will be kept in confidence by organizational leadership and the Plan to Protect® team and will not be disclosed by Rock of Ages Bible Camp unless required by law. Answering "yes" to any of the following questions may not necessarily prevent you from volunteering with the Organization. Thank you in advance for your understanding.

1. Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children or youth (e.g. use of illegal substances, etc.)  Yes  No
2. Have you ever been convicted or found guilty of a criminal offence for which a pardon has not been granted (Note: this does not include minor traffic violations)?  Yes  No  
If yes, please list offence(s) and the date(s) of conviction: \_\_\_\_\_
3. Have you ever been expelled from or had your employment terminated by any organization or employer for assault or violence against any person, or for assault, violence or impropriety with children, youth or vulnerable persons (e.g. senior citizens or persons with disabilities)?  Yes  No
4. Have you ever been investigated by the Child Welfare Agency or any other organization for suspected child abuse?  Yes  No
5. Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceeding in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct involving children, youth or vulnerable persons?  Yes  No
6. Do you have any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? (Please note that such health concerns may not prevent you from holding the position for which you have applied)  Yes  No
7. Do you have any contagious diseases or conditions of which we should be aware, and which we may need to take steps to protect against transmission should you volunteer at our organization?  Yes  No

## References

Please provide the names of two individuals, excluding relatives, who could provide a reference for you. One should be from your home church.

1. Name of Reference \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

2. Name of Reference \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Dates available to volunteer:

Area you would like to volunteer:

Email completed form to [roabcoffice@gmail.com](mailto:roabcoffice@gmail.com)

or

mail to

Rock of Ages Bible Camp

13066 Old Hope Road

Charlie Lake, BC V0C 1H0

## RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give Rock of Ages Bible Camp permission to contact persons named as references to ascertain my suitability for working with children and youth.

I hereby give Rock of Ages Bible Camp consent to verify the information provided by me in this Personnel Application Form and to contact the referees listed above and to obtain and verify any information from them (and any other persons that Rock of Ages Bible Camp determines might be able to provide relevant information) that may be relevant to my application.

I grant my permission for Rock of Ages Bible Camp to perform a police records check on me, and I will sign and return the attached "Release of Information and Declaration of Intent" for such purpose.

I further grant Rock of Ages Bible Camp permission to perform an Internet search on me and to review and consider any information found by me on the Internet.

I understand that if Rock of Ages Bible Camp approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in Rock of Ages Bible Camp or for the volunteer position for which I am applying, Rock of Ages Bible Camp may terminate my volunteer service or volunteer position for any reason without advance notice.

If Rock of Ages Bible Camp approves my application for a volunteer position, I will sign any documents that Rock of Ages Bible Camp requires and will at all times cooperate fully with the staff of Rock of Ages Bible Camp in the fulfillment of my duties and will keep all confidential information I encounter, in my role as a volunteer, confidential.

If at any time I determine that for any reason I am unable to support or adhere to or follow the policies or procedures of the Organization, I will tell Rock of Ages Bible Camp and will resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this Personnel Application Form is true and correct.

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Information received is confidential and is being gathered for the purposes of screening personnel and placing them into programs with children or youth. The information gathered here will be used for the purposes of supporting the programs at Rock of Ages Bible Camp.