

Camp Cherokee

A Ministry of

McMinn-Meigs Association of Baptists

350 North Congress Parkway
Athens, TN 37303

Phone: (423) 745-2248 • (423) 336-3149

Rev. Mike Bernard, Camp Manager • **Rev. E. Ray Luck**, Director of Missions

Counselor/Worker Application

Day Camp - Week 1– Younger Youth (*finished the 6th, 7th, 8th or 9th grade*) ♦ **July 9 – 13, 2012**

Day Camp - Week 2– Boys & Girls Ages 6 thru 11 ♦ **July 16 – 20, 2012**

Day Camp - Week 3– Boys & Girls Ages 6 thru 11 ♦ **July 23 – 27, 2012**

Dear Prospective Camp Worker,

If you would be interested in working at Camp Cherokee this year, please complete the following along with the enclosed application and return to:

Rev. Mike Bernard
349 County Road 713
Athens, TN 37303

Name: _____ Age: _____

Address: _____

Phone: _____

Please check the positions and *circle the dates* you want to work:

- | | | | |
|------------------------|------------------------|------------|------------|
| 1. Counselor_____ | July 9-13 | July 16-20 | July 23-27 |
| 2. Kitchen Help_____ | July 9-13 | July 16-20 | July 23-27 |
| 3. Grounds Worker_____ | July 9-13 | July 16-20 | July 23-27 |
| 4. Lifeguard _____ | (all summer as needed) | | |

Camp Cherokee

Employment Application

Camp Cherokee is a religious organization that does not discriminate against applicants for employment on the basis of race, age, sex, national origin, disability, veteran's status, or marital status. **Camp Cherokee** discriminates on the basis of religion to the full extent permitted by law. This application will be current for only thirty (30) days. If you have not heard from this ministry and still wish to be considered for employment at the end of thirty days, you must fill out a new application.

Please type or print your answers to the following questions. Please answer all questions—an incomplete application will not be considered.

Date: _____ Social Security Number: _____

Full Legal Name: _____
Last First Middle

Other Names used: _____

Current Address: _____
Street PO Box

City State Zip Phone: _____

Please list previous addresses if you have resided at the above for less than five (5) years. Attach additional sheets if necessary.

Street Address

City State Zip

List the position you are requesting: _____

Employment History
(List present or most recent employer first.)

Company

Salary	Dates Start/From	Finish/To
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Address

Position	Duties
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Supervisor	Telephone
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Reasons for Leaving

Company

Salary	Dates Start/From	Finish/To
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Address

Position	Duties
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Supervisor	Telephone
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Reasons for Leaving

Company

Salary	Dates Start/From	Finish/To
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Address

Position	Duties
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Supervisor	Telephone
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Reasons for Leaving

Education

(List most recent educational experience first.) Education and training levels are relevant for employment only to the extent allowed by law.

Number of Year(s) Attended

School Name

Address

City/State/Zip

Telephone

Graduate: Yes/No

Major/Degree Obtained

If still attending, what grade have you just completed?

Background Information

1. Are you legally eligible for employment in the United States? Yes No

2. Have you ever received a felony conviction, or deferred adjudication or misdemeanor conviction for a crime of moral turpitude? Crimes of moral turpitude include fraud, theft, and dishonesty. An affirmative answer does not necessarily disqualify applicants from employment. Yes No
If yes, please explain. Attach additional sheets if necessary.

3. Have you ever been charged with a sexual offense, offense relating to children, or crime of violence? Yes No
If yes, please explain including nature of offense, date, and any other relevant information. Attach additional sheets if necessary.

4. Have you ever been the subject of a civil lawsuit involving, or an investigation or allegation of sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children? Yes No
If yes, please explain. Attach additional sheets if necessary.

5. Do you have any investigation, review, or disciplinary action pending by an employer, organization in which you volunteered, or professional association for sexual misconduct, violence, or misconduct involving children? Yes No
If yes, please explain. Attach additional sheets if necessary.

6. Have you ever abused a minor or engaged in conduct including abduction for immoral purposes, sexual assault, failing to secure medical attention for an injured child, pandering, crimes against nature involving children, taking indecent liberties with children, neglect of children, obscenity offenses or similar moral impropriety involving children? Yes No
If yes, please explain. Attach additional sheets if necessary.

7. Have you at any time during the past five (5) years used illegal drugs or other illegal controlled substances? Yes No
If yes, please explain. Attach additional sheets if necessary.

8. Have you at any time during the past five (5) years been intoxicated or otherwise misused any alcoholic beverages? Yes No
If yes, please explain. Attach additional sheets if necessary.

9. Have you ever viewed, or participated in the creation, dissemination, or transmission of, or otherwise used, pornography or pornographic materials of any type? Yes No
If yes, please explain. Attach additional sheets if necessary.

10. Were you a victim of abuse or molestation while a minor? If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence rather than answering it on this form. Answering yes or failing to answer will not automatically disqualify an applicant. Yes No

11. Is there any other information that might be relevant to assessing your fitness for working with children or youth? Yes No

If yes, please explain. Attach additional sheets if necessary.

12. Are you over eighteen (18) years of age? Yes No

13. If hired, when would you be available? _____

14. Contact for emergency notification:

Name	Phone	Relationship to you
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15. Are there any days/hours you would not be available to work?

16. Have you previously worked for us? Yes No

State dates:

17. Do you have any friends or relatives employed by us or previously employed by us? Yes No

State names and dates:

18. Who referred you to us?

19. Why do you wish to work here?

20. Do you have any other skills you wish to be considered that you have not already mentioned?

Church Activities

Name of church were you are currently a member:

List other churches you have attended during the past five (5) years:

How long a member?

Church Name

Years Attended

Contact Person

Telephone

Why did you leave?

Church Name

Years Attended

Contact Person

Telephone

Why did you leave?

Church Name

Years Attended

Contact Person

Telephone

Why did you leave?

List previous work experience at Camp Cherokee and state date:

List previous work (church and non-church) experience involving children or youth:

Organization	Type of Work
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Contact Person	Telephone
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Organization	Type of Work
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Contact Person	Telephone
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Personal References:

Name	Relationship to you
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Address	Telephone
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Name	Relationship to you
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Address	Telephone
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Applicant Statement

Please read carefully before signing.

I hereby authorize you to contact any references or organizations listed in this application and authorize such references or organizations to release any information contained in their files or records concerning me. In consideration of the receipt and evaluation of this application by **Camp Cherokee**, I release **Camp Cherokee**, all of its agents, and all such references and organizations from any and all liability for any damage that may result from furnishing such information to you. 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.

I understand and agree that if I am offered conditional employment with this ministry, my appointment is for no definite period and may, regardless of the date, or method of payment of my wages or salary, be terminated by either party at any time without previous notice or cause, and is subject to change in wages, conditions, benefits and operating policies.

I agree that if this ministry employs me, a potential employer may contact this ministry or its representatives in the future concerning my work record and my work performance at this ministry. I hereby consent to and authorize persons employed by this ministry to divulge any and all information they consider relevant to any person representing themselves to be an employer or potential employer of mine with respect to my work and/or performance of my job at this ministry.

I agree to a medical examination or inquiry, if requested, if I receive a conditional offer of employment, including analysis for the detection of the use of illegal drugs or controlled substances. I understand that testing positive for drugs or controlled substances could prevent my employment or continued employment by this ministry.

I understand and agree that in the performance of my duties as an employee of this ministry, or after I leave this ministry, that I must hold in confidence any and all information that I come in contact with regarding my employer or its business.

I understand and agree that it is critical to the mission and ministry of **Camp Cherokee**, that all employees conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with **Camp Cherokee's** policies and procedures, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal.

My responses above are true and correct. I understand and agree that any false or misleading answers or statements made by me on this application or any supplement thereto, or any false statements made to the representative(s) of **Camp Cherokee**, during the interview process will be sufficient grounds for not hiring me or immediately discharging me, no matter when discovered.

I HAVE CAREFULLY READ, UNDERSTAND AND AGREE TO THE FOREGOING "APPLICANT STATEMENT" AND FURTHER UNDERSTAND AND AGREE THAT A COPY OF THIS APPLICATION SHALL BE VALID AS THE ORIGINAL.

Signature of Applicant

Date

Parent or Guardian of Applicant (if under 18 years of age)

Date