

BOARD OF OUTDOOR & RETREAT MINISTRIES, INC. (BORM) EMPLOYMENT APPLICATION

The information on this will be verified as to accuracy. If any false or exaggerated claims are uncovered, the applicant will no longer be considered. A criminal record check will be conducted, as well.

Please type or print clearly

Last Name: _____ First Name: _____ Middle Initial: _____
Current Address: _____ Social Security #: _____
City/State/Zip: _____ Phone: (____) _____
Home Address: _____ Home Phone: (____) _____
City/State/Zip: _____ Email Address: _____
Position Applying for: _____ Sex: (Circle One) Male Female

Please List your first, second, and Third choice: ___Judson Collins ___Kinawind ___Myers Lake

Are you at least 18 years of age? ___Yes ___No If no, how old are you? _____

Are you legally entitled to work in the United States? ___Yes ___No

If accepted for employment, what is the earliest date you could begin work? ___/___/___ Until what date could you continue to work? ___/___/___ Are there any times you know of that you would have to be absent from work? _____ If so, please give details: _____

Where is your church membership? _____

Name of Pastor: _____ Phone: (____) _____

Work Experience: (Please start with your present or most recent position)

1. Employer: _____ Address: _____

Type of Work: _____ Employer's Phone Number: _____

Position Title: _____ Salary: _____ hour, weekly, monthly, yearly

Supervisor: _____ Employed from _____ to _____

What did you like most about your job: _____

What did you like least about your job: _____

If you left your job, list the reason(s) for leaving: _____

2. Employer: _____ Address: _____

Type of Work: _____ Employer's Phone Number: _____

Position Title: _____ Salary: _____ hour, weekly, monthly, yearly

Supervisor: _____ Employed from _____ to _____

3. Employer: _____ Address: _____

Type of Work: _____ Employer's Phone Number: _____

Position Title: _____ Salary: _____ hour, weekly, monthly, yearly

Supervisor: _____ Employed from _____ to _____

Please circle the number(s) of any above employers you do not wish contacted: 1 2 3

revised 3/05

Education (indicate highest grade completed):

High School 9 10 11 12

College 1 2 3 4 5

Graduate 1 2 3 4 5

Name of Colleges/Universities or other institutions of higher learning you have attended:

Name: _____ Location: _____ Dates Attended: _____ Major: _____ Date of Graduation: _____

References: (Give names and addresses including street, city, zip and phone number of 3 persons [not relatives], one of whom is your pastor, who have knowledge of your character, experience, and abilities.)

Name: _____ Address: _____ City/Zip: _____ Phone: _____

Camp Experience: (List any camps you have attended as a camper or at which you have worked as staff)

Camper/Staff: _____ Camp Name: _____ Location: _____ Dates Attended: _____

Licenses and Certifications: (List any current certifications for first aid, CPR, lifeguard, health officer, outdoor living skills and/or other professional licenses. Please give expiration date)

Our camps are in an outdoor setting. Staff members are required to function independently and are entrusted with the care of a group of children or guests whose health and welfare are your primary responsibility. Do you have any physical, mental, and/or emotional health conditions or impairments which would restrict your ability to perform the job for which you have applied? If so, please explain:

Personal Qualifications: *(on a separate sheet of paper, please respond to the following and attach to this application form)*

1. Please list any skills, experiences, or qualifications that would help you perform the tasks for which you are applying.
2. With what age groups have you worked as a leader and where?
3. Why would you like to work for Outdoor and Retreat Ministries at Camp Kinawind, Judson Collins, or Myers Lake?
4. Describe your Christian faith understanding and experience.
5. What contributions do you think a well-run Christian camp can make in the life of participants?

In the following list, put a numeral "1" before those activities you can organize and teach as an expert; "2" for those activities you have some knowledge and could assist in teaching; and "3" for those which are just your hobby.

Christian Education: ___ Bible Studies ___ Faith Sharing ___ Leading Worship ___ Small Group Discussions ___ Other: _____	Camp Craft: ___ Horseback Riding ___ Orienteering ___ Cooking ___ Survival Skills ___ Overnights ___ Other: _____	Waterfront: ___ Canoeing ___ Sailing ___ Swimming ___ Fishing ___ Kayaking ___ Other: _____	Arts and Crafts: ___ Fine Arts ___ Leather ___ Nature ___ Other: _____
Music: ___ Drama ___ Guitar ___ Piano ___ Voice ___ Song Leading ___ Other: _____	Kitchen: ___ Cook ___ Dishwasher ___ Other: _____ ___ Other: _____	Maintenance Skills: ___ Carpentry ___ Plumbing ___ Electrical ___ Housekeeping ___ Landscaping ___ Other: _____	Miscellaneous: ___ Computer ___ Group Games ___ Storytelling ___ Clowning ___ Golf ___ Puppetry ___ Photography ___ Other: _____

AGREEMENT

I certify that all information contained in my application is true and complete to the best of my knowledge.

I understand that this information may be checked by contacting anyone or any organization listed or that may have information about me. I authorize anyone contacted to give you any information, including opinions regarding my character and fitness for work with children, youth and vulnerable persons. I authorize the release of the information in this document to any ministry of the Detroit Annual Conference of the United Methodist Church.

I authorize you to make such investigations and inquiries of my personal, employment, and other related matters, including any law enforcement records, as may be necessary in arriving at a decision regarding my paid employment or volunteer service. I hereby release employers, providers of information, the Board of Outdoor and Retreat Ministries, and the Detroit Annual Conference of the United Methodist Church from all liability in responding to inquiries in connection with my application or releasing such information. I waive notice of such release of information. I waive any right that I may have to inspect any information provided about me by any persons or organization identified by me in this document. This release may be sent to any organization or person providing such information.

In the event of being accepted for paid employment or for volunteer service, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies of the Board of Outdoor and Retreat Ministries and the Detroit Annual Conference.

If accepted for paid or volunteer service, I agree to participate in training and education events related to my areas of work. I will immediately report inappropriate behavior, suspicious activity, observed abuse or allegations of abuse to the camp director or dean.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I understand that employment with the Board of Outdoor and Retreat Ministries or the Detroit Annual Conference of the United Methodist Church is at will and may be terminated at any time, with or without prior notice, discipline, or warning, for any or no reason. Only the Associate Council Director for Outdoor and Retreat Ministries can make any contrary agreement and that would have to be in writing.

I agree to hold harmless the Board of Outdoor and Retreat Ministries and the Detroit Annual Conference of the United Methodist Church, their officers, employees, and volunteers from any use of this application and information.

I have carefully read this statement. I understand its contents and I am signing it of my own free will.

Signature of applicant: _____ Date: _____

Print applicant's full name _____

Parent signature _____ Date: _____

(If applicant is under age 18)

AUTHORIZATION FOR CRIMINAL RECORDS CHECK

I hereby authorize the Detroit Annual Conference of the United Methodist Church and its agencies to request the National Sex Offender Registry, the State of Michigan, or any other agency to release information regarding any record or convictions contained in its files, or any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release the Detroit Annual Conference, all local, state, and national law enforcement agencies or other agencies from all liabilities that may result from any such disclosure made in response to this request.

(The following information is required for background check.)

Signature of applicant: _____ Date: _____

Print applicant's full name (first, middle, and last) _____

Date of birth (mm/dd/yy) _____ Place of birth _____

Driver's license # and state _____

Sex _____ Race _____

List all addresses (including college and home) addresses at which you have lived in the last 15 years or since the age of 18, whichever is less. Include dates for each address. Use additional paper if necessary.

1. Street address, incl. apartment number _____
City, State _____ Dates _____
2. Street address, incl. apartment number _____
City, State _____ Dates _____
3. Street address, incl. apartment number _____
City, State _____ Dates _____
4. Street address, incl. apartment number _____
City, State _____ Dates _____
5. Street address, incl. apartment number _____
City, State _____ Dates _____
6. Street address, incl. apartment number _____
City, State _____ Dates _____
7. Street address, incl. apartment number _____
City, State _____ Dates _____
8. Street address, incl. apartment number _____
City, State _____ Dates _____
9. Street address, incl. apartment number _____
City, State _____ Dates _____

