

# Chicago Alive Youth Camp

Ages 9 to 14 / Ages 15 to 18

## Candidate Application Form

### General Information *(Fields with \* are mandatory)*

\*Name \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ \*Gender M  F   
(mm/dd/yyyy)

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ \*Cell Phone \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

Church/Christian Organization \_\_\_\_\_ Church/Org Phone \_\_\_\_\_

Church/Org Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about Chicago Alive Youth Camp? \_\_\_\_\_

### Camp Staff Role & Age Group

*Select the role you would like to serve and the preferred age group you would like to work with.*

Role	Age group	
<input type="checkbox"/> Counselor	<input type="checkbox"/> Kid's Camp 9-11 y/o	<input type="checkbox"/> Undecided
<input type="checkbox"/> Nurse	<input type="checkbox"/> Jr. High Camp 12-14 y/o	<input type="checkbox"/> Wherever I'm needed
<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Sr. High Camp 15-18 y/o	
<input type="checkbox"/> Photographer & Video		

### Personal References

*Please list people who know you well.*

#### Pastor/Christian Organization Leader Reference (See "Pastor Recommendation" page)

\*Name \_\_\_\_\_

#### Female Reference

\*Name \_\_\_\_\_

Address \_\_\_\_\_

\*Email Address \_\_\_\_\_ \*Relationship \_\_\_\_\_

\*Phone \_\_\_\_\_ \*Length of time known \_\_\_\_\_

#### Male Reference

\*Name \_\_\_\_\_

Address \_\_\_\_\_

\*Email Address \_\_\_\_\_ \*Relationship \_\_\_\_\_

\*Phone \_\_\_\_\_ \*Length of time known \_\_\_\_\_

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**Questionnaire**

- \*Share your testimony of how you were saved, as well as any significant events that have affected your life as a believer. (1,000 word limit)

- What are some talents, gifts, skills, etc. that you can contribute to the team?

- Have you read the entire Bible?            How many times?

- Have you ever shared the gospel with someone?            When was the last time you shared the gospel with someone?

- List any church activities or Bible studies you regularly attend.

- List any positions that you have held, or are currently holding at your church/organization.

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## Legal Questionnaire *(All questions are mandatory)*

*This questionnaire will be used in conjunction with an **Illinois mandatory background check** for any adult who will work with minors. Your comments will be held in strict confidence.*

\*Name \_\_\_\_\_

\*Social Security # \_\_\_\_\_

\*Date of Birth \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge.  Yes  No

*If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense, date, court where conviction was entered and any other relevant information.*

Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in question 1 above)?  Yes  No

*If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense charged, date, law enforcement agency making the charge and any other relevant information.*

Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children?  Yes  No

*If yes, please explain. \_\_\_\_\_*

Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry?  Yes  No

*If yes, please explain. \_\_\_\_\_*

Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behavior or conduct, involving adults or children?  Yes  No

*If yes, please explain. \_\_\_\_\_*

Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide childcare or similar services?  Yes  No

*If yes, please explain. \_\_\_\_\_*

Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil lawsuit, as a result of an accident or mishap involving children?  Yes  No

*If yes, please explain. \_\_\_\_\_*

Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization or by an employer?  Yes  No

*If yes, please explain. \_\_\_\_\_*

Do you have any drug, alcohol, or substance abuse problems?  Yes  No

*If yes, please explain. \_\_\_\_\_*

Do you practice a sexually pure lifestyle as taught in the Scriptures?  Yes  No

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### Qualifications & Availability for Service

Describe any condition or limitation that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered (i.e. lifting, handling an emergency, driving, participation in certain sports, etc.)

Do you have a contagious or infectious disease or condition which could be transmitted to others in the volunteer work you would be performing? Yes  No

If yes, please explain. \_\_\_\_\_

### Applicant's Statement

The responses I have provided in completing this application for are complete, truthful and accurate. I hereby authorize Chicago Alive Youth Camp to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check if deemed necessary by the Chicago Alive Youth Camp. I hereby authorize all persons associated with me, including churches, employers, law enforcement agencies, licensing and social services agencies, to release any information contained in their files, or records concerning me to the Chicago Alive Youth Camp and its representatives.

In consideration of the receipt and evaluation of this application form by Chicago Alive Youth Camp, I hereby release: Chicago Alive Youth Camp and their directors, employees, agents, representatives and any other person or organization, including record custodians, that may release information concerning me, both collectively and individually, from any and all liability for damages of whatever kin or nature which may at any time result to me, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to: Chicago Alive Youth Camp.

I waive any right that I may have to inspect any information about me by any person or organization identified by me in this application.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

I understand that my service with Chicago Alive Youth Camp shall be volunteer service. In addition, my volunteer services shall be at-will and Chicago Alive Youth Camp shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of the Chicago Alive Youth Camp and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or worker's compensation insurance benefits.

I affirm that I will strictly comply with all the policies and procedure of the Chicago Alive Youth Camp including but not limited to its Safe Place Plan. If at any time I find that for any reason I am unable to support the vision, policies, procedure or doctrine of this church/organization, I will resign my volunteer position. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or in disciplinary action, all at the discretion of Chicago Alive Youth Camp. I will report any known or suspected child abuse or other violation of policy to the member of staff or designated authority.

I hereby authorize the Chicago Alive Youth camp to publish photographs, audio and video taken of me together with my name, for use in Chicago Alive printed publications, website and other camp promotions.

### Signatures

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

(mm/dd/yyyy)

\*Applicant's name (please print) \_\_\_\_\_

Witness' Signature \_\_\_\_\_

Date \_\_\_\_\_

(mm/dd/yyyy)

Witness' Name (please print) \_\_\_\_\_

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## Staff Health Form

\*Name \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ \*Gender M  F

\*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ \*Cell Phone \_\_\_\_\_

Church/Christian Organization Name \_\_\_\_\_

### Emergency Information

*People to contact in order of importance in an emergency:*

1. \*Name \_\_\_\_\_ \*Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ \*Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_ Relationship \_\_\_\_\_

### Health History

Current immunization status up-to-date?  Yes  No

Date of last tetanus shot \_\_\_\_\_  
(mm/dd/yyyy)

Date of last TB shot \_\_\_\_\_  
(mm/dd/yyyy)

List any special health and/or behavioral considerations \_\_\_\_\_

Have you had any of the following?

*If yes, please explain below.*

any operations or serious injuries (incl. dates)  Yes  No \_\_\_\_\_

any chronic or recurring illness  Yes  No \_\_\_\_\_

any physical limitations  Yes  No \_\_\_\_\_

any current infectious diseases  Yes  No \_\_\_\_\_

previous hospitalization (incl. dates)  Yes  No \_\_\_\_\_

### Medications

*List current prescription drugs and medications (or herbal supplements)*

Name	Purpose	Dose & Frequency
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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### Allergy History

Do you have any known allergies?  Yes  No *If yes, please explain below (triggers, allergic reaction, & remedies)*  
\_\_\_\_\_