

APPLICATION and Screening Form

Summer Campground Ministry Pennsylvania Council of Churches

Personal Information:

Name: _____
Address: _____
City, State and Zip: _____
School Address: _____
Phone(s): [Home] () _____ School/Office () _____
E-mail: _____ Cell () _____
Social Security Number: _____

Church Affiliation: (Denomination - be specific) Church Body (regional unit)

Home Church: _____

Pastor's Name: _____

Address: _____

Phone: () _____ - _____ FAX: () _____ - _____ E-mail: _____

Education:

High School: _____ Year Graduated: _____

Location: _____

College: _____ Year Graduated: _____

Location: _____

Major: _____ Degree: _____

Seminary or other Year Graduated: _____

professional school: _____ Degree: _____

Location: _____

YOUR FAITH, EXPERIENCE AND APTITUDE [attach separate sheet if needed]

1. What does Jesus Christ mean to you?

2. In what religious activities have you actively engaged in your church or on your campus?

3. List dates and location of previous church-related summer service, if any:

4. Have you had preaching experience? Describe:

5. What musical experience and ability do you have? (Can you play an instrument - Piano? Guitar? Lead group singing? etc.)

6. What is your feeling about visiting and serving persons who come from other and many theological persuasions?

7. What would you do if someone came to you who seemed acutely depressed or disturbed?

8. What is your attitude toward asking for money for the support of chaplaincy programs?

9. How do you feel about leading a worship event?

What has been your experience in doing so?

10. State briefly why you want to be a Summer Park Chaplain:

Are you in good health? (Note any problem that might affect job performance)

Are you legally eligible for employment in the United States?

Have you ever been convicted of or pleaded guilty to a crime?

No Yes (If yes, please explain; attach a separate page to this form)

Do you have a current driver's license?

Yes No

issuing state _____ license number _____

Do you have a dependable, insured, auto to drive?

Yes No

Personal References (not relatives): [List three, include address and telephone number]

Employment History over past five years:

Applicant's Statement:

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for chaplaincy work. In consideration of the receipt and evaluation of this application by the Pennsylvania Council of Churches, I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. 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.

Should my application be accepted, I agree to be bound by the policies of the Pennsylvania Council of Churches.

Applicant's Signature: _____
Date: _____

Witness' Signature: _____ Date: _____

[Note: The Council is an equal opportunity employer.]

Return to: Pennsylvania Council of Churches
Office of Leisure Ministries
900 South Arlington Ave. - Suite 100
Harrisburg, PA 17109-5089
Office (717)545-4761
FAX (717)545-4765

NOTE: Authorization and Request for Criminal Records Check and Authorization to Release Information forms must be completed before employment or contract for services may be extended to applicant. These are attached.

AUTHORIZATION TO RELEASE INFORMATION

I understand that the Pennsylvania Council of Churches is required by its policy to conduct a background check to ascertain if there is evidence that I have been involved in sexual misconduct.

I have identified for the Council all post-secondary schools that I attended, all employers (including congregations that I have served) for the past five years and all individuals who have served as my church body leader. I hereby authorize every one of those schools, employers, congregations and church body leaders to inform the Council of any knowledge or reason to know that they have concerning past and/or present sexual misconduct.

I understand that by releasing this information to the Pennsylvania Council of Churches, my schools, employers, congregations and church body leaders will not be certifying for its accuracy.

I authorize my schools, employers, congregations and church body leaders to treat a photocopy of this release as though it were an original executed copy.

Signature

Typed or Printed Name

Social Security Number

Date

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I hereby request the Pennsylvania State Police to release any information that pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state or national. I hereby release said Pennsylvania State Police from any and all liability resulting from such disclosure.

Signature

Print - First Name Middle Last

Print maiden name if applicable

Print all aliases

Print date of birth

Place of birth

Social Security Number

Today's Date