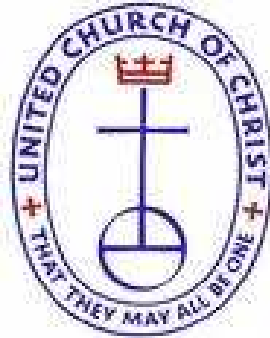


# CHRIST CONGREGATIONAL CHURCH

*United Church of Christ  
9525 Colesville Road, Silver Spring, Maryland 20901  
301-585-8010*



2010 Summer Camp

Staff Forms

Adult Volunteers  
(age 18+)

**CCC CAMP STAFF APPLICATION CHECKLIST  
ADULT VOLUNTEERS (age 18+)**

**APPLICATION DEADLINE FEBRUARY 15.**

**ALL FORMS MUST BE ON FILE NO LATER THAN MARCH 1**

1. Application Form
2. Photo permission/release Form
3. Covenants
4. Medical Form  
***IMPORTANT NOTE:** The date of the last physical examination must be no more than 12 months prior to the camp ending date.*
5. CCC Volunteer Application and Disclosure Form - Safe Church Policy (Required of all adult staff, 2 pages)
6. Authorization to Conduct Background Investigation (Driving check, required of all adult volunteers 25+ who are licensed drivers)

***PLEASE NOTE: ALL STAFF ARE EXPECTED TO ARRIVE AT CAMP ON SATURDAY, A DAY EARLIER THAN CAMPERS.***

**CHRIST CONGREGATIONAL CHURCH, UCC  
CAMP VOLUNTEER APPLICATION, 2010**

**ADULT VOLUNTEERS (AGE 18+)**

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**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Evening phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**POSITION APPLYING FOR (CHECK ALL THAT APPLY):**

**ELEMENTARY CAMP - July 11<sup>th</sup> - July 17<sup>th</sup>**

- COUNSELOR
- ADULT LEADER (must be 21 or older).
- KITCHEN LEADER (the camp cook)
- LIFEGUARD (must be certified)

**MIDDLE SCHOOL CAMP - June 27<sup>th</sup> – July 3<sup>rd</sup>**

- COUNSELOR (must be at least 18 and finished high school, with experience working with children)
- ADULT LEADER (must be 21 or older).
- KITCHEN LEADER (the camp cook)
- LIFEGUARD (must be certified)

**HIGH SCHOOL CAMP - June 20<sup>th</sup> – June 24<sup>th</sup> (ENDS THURSDAY)**

- ADULT LEADER (must be 25 or older).
- KITCHEN LEADER (the camp cook)
- LIFEGUARD (must be certified)

**Reference 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**EXPERIENCE (List experience working with children, especially in a camp setting. Use back of page if necessary):**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**CHRIST CONGREGATIONAL CHURCH, UCC  
CAMP PHOTO/VIDEO WAIVER FORM, 2010**

Christ Congregational Church has my permission to use my or my child's photograph, video, likeness and such in future church publications, web pages and other promotional materials produced, used by and representing Christ Congregational Church. I understand the circulation of these materials may be extensive and that there will be no compensation to me for this use.



\_\_\_\_\_  
Name (please print)

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

\_\_\_\_\_  
Signature (of Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name (if under 18)

**CHRIST CONGREGATIONAL CHURCH, UCC  
CAMP STAFF MEDICAL FORM**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)  
If under 18, Name of School Attending in the Fall \_\_\_\_\_

**Parent/Guardian or Emergency Contact:** \_\_\_\_\_  
**Telephone(s):** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Primary subscriber named on policy:** \_\_\_\_\_  
**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Physician office address:** \_\_\_\_\_

**Medical Information**

**Date of last physical exam:** \_\_\_\_\_ **Date of last tetanus booster:** \_\_\_\_\_  
All vaccinations/immunizations are current.  Yes  No  
If no, please list: \_\_\_\_\_

**Allergies (foods, insects, environments, medicine, etc.):** \_\_\_\_\_  
\_\_\_\_\_

\*Current prescription medication: \_\_\_\_\_

\*Current over the counter medication: \_\_\_\_\_

*\*If under 18, must complete medication permission form on backside of this sheet.*

Currently under medical or psychiatric care.  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions that limit activity?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

If under 18, please complete the following:

I give my permission for my child to volunteer for this program, including fieldtrips if applicable. I will not allow my child to attend if he/she becomes exposed to any contagious disease, or if for any reason, I do not consider him/her to be in good physical condition. I give my permission for my child to receive necessary medical attention at a hospital, clinic, or from a designated adult supervisor.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CCC CAMPER AND STAFF COVENANT**  
**Middle School and High School**

***The Retreat House Camp Staff and Campers covenant together  
to create a safe, supportive environment for everyone.***

***We will practice what we preach and value, including being a community of Christian faith  
which honors all people and cares for all creation.***

*To help us in this covenant we agree to the following:*

*Physical and verbal violence is not permitted. Sarcasm, teasing and put downs dishonor rather than honor persons. Along with treating one another with respect, we will treat property and creation with respect. Mosquitoes and biting flies are exempt from this guideline.*

*Personal boundaries will be honored. Persons will have sleeping arrangements which are off limits to the opposite gender. At least two adults will lodge in the same dwelling unit with campers, a CCC Safe Church Policy requirement.*

*Inappropriate sexual behavior such as harassment and intimate physical touching is not permitted. Loving words and acts of kindness are encouraged.*

*Adhering to the law is an expectation. Qualified adult drivers are the only persons authorized to drive vehicles for CCC sponsored events and everyone must use a seatbelt.*

*The possession or use of alcoholic beverages or non-prescribed drugs is prohibited.*

*Firearms and other objects intended as weapons are prohibited. Possession of fireworks is not allowed. Smoking is prohibited, unless you are the campfire.*

*Everyone will remain in the designated areas of camp (the ford, the river, and the fences bordering the fields). When traveling elsewhere, an adult must be present. Informing staff of where you are and who you are with is considerate and promotes camp safety.*

*Campers will not have cell phones. The use of electronic equipment such as ipods and gameboys are at the discretion of the adult leaders. Program time invites us into community. Activities that distract us from this focus are not appropriate.*

*Because we value each person and the many gifts God gives, anyone choosing to break this covenant is choosing to go home early. Parents will be called and asked to come and take home their camper if a disrespectful attitude or behavior persists.*

*I hereby agree to the purpose and invitation of this covenant. I will be part of creating a safe and supportive community for everyone.*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*If under 18, Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**CCC CAMPER AND STAFF COVENANT  
Elementary School**

*CCC Retreat House camp leaders and campers covenant together to create a safe and supportive environment for everyone wherever we are. We will practice what we preach and value, including being a community of Christian faith that honors all people and cares for all creation.*

*To help us in this covenant we agree to the following:*

*We care for ourselves, we care for each other, and we care for our environment.*

- *Physical violence is not permitted. The only living things we will hit are biting insects!!*
- *Verbal violence is not permitted. Sarcasm, teasing and put downs dishonor rather than honor persons. We will treat each other with love. We will help one another.*
- *Along with treating one another with respect, we will treat property and creation with respect. We will not mark on furniture, walls, floors, or trees. We have plenty of art supplies for us to express ourselves! We will not litter. We will keep our area clean.*

*Personal boundaries will be honored. Sleeping areas are off limits to the opposite gender. At least two adults will lodge in the same unit with campers, a CCC Safe Church Policy requirement.*

*Inappropriate physical behavior such as harassment and inappropriate physical touching is not permitted. Behavior that makes another person uncomfortable is not allowed. Loving words and acts of kindness are encouraged.*

*Adhering to the law is an expectation. The code of conduct printed elsewhere shall be followed. Highlights: Qualified, insured adult drivers are the only persons authorized to drive vehicles for CCC sponsored events, and everyone must use a seatbelt. Possession or use of the following are prohibited: alcoholic beverages, tobacco products, controlled substances, firearms, other objects intended as weapons, fireworks.*

*Everyone will stay near the Retreat House. When out of sight of the house (the ford, the creek, or elsewhere), an adult must be present.*

*Campers will not have cell phones or other personal electronic devices.*

*Because we value each person and the many gifts God gives, anyone choosing to break this covenant is choosing to go home early. Parents will be called and asked to come and take home their child if a disrespectful attitude or behavior persists.*

*I hereby agree to the purpose and invitation of this covenant. I will be part of creating a safe and supportive community for everyone.*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*If under 18, Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

November 17, 2007

**CCC Volunteer Application and Disclosure Form  
Safe Church Policy**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Phone: \_\_\_\_\_ day \_\_\_\_\_ evening \_\_\_\_\_ cell

Social Security Number \_\_\_\_\_ (necessary for access to the National Sex Offenders Public Registry)

*I have been a member of Christ Congregational Church since \_\_\_\_\_*

*I have been an active friend of Christ Congregational Church since \_\_\_\_\_*

**I have never been found guilty, or pled guilty or no contest, to a criminal charge.**

\_\_\_\_ True      \_\_\_\_ Not True

**No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; or child or elder abuse has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.**

\_\_\_\_ True      \_\_\_\_ Not True

**If either answer is "not true," please give a short explanation of the criminal charge or civil lawsuit.** Please indicate the date, nature, and place of the incident leading to the charge/lawsuit; where the charge/lawsuit was filed; and the precise disposition of the charge/lawsuit.

**I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; or child abuse.**

\_\_\_\_ True      \_\_\_\_ Not True

**If not true, on a separate sheet please give a short explanation.** Indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination.

**Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are volunteering?    \_\_\_ Yes    \_\_\_ No**

**If yes, on a separate sheet please provide a brief explanation.**

+            +            +            +            +            +            +            +

The covenants between persons seeking volunteer positions in the church require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the church they seek to serve. To that end, I authorize Christ Congregation Church, UCC and/or its agents to make inquiries regarding all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background and character. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements made in good faith and without malice.

Christ Congregational Church UCC's volunteer recruitment process involves the distribution of information regarding applicants with those persons in a position to recruit, and supervise the position I am seeking to fill. To that end, I authorize Christ Congregational Church UCC and its agents to circulate distribute, and otherwise share information gathered in connection with this application to such persons for these stated purposes. I understand that Christ Congregational Church UCC will share with me information it has gathered about me, if I request it to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorization to Conduct Background Investigation ATTACHMENT 1

(Please read carefully before completing and signing.)

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Printed Full Name of Applicant:

Client Number: 671

Last First Middle

Other names you have used, including maiden name and the date(s) your name(s) changed:

Race: (required "identifier" in certain jurisdictions)

Gender: Male Female

Social Security #: - -

Your Date of Birth: / /

Driver's License #

State of Issue:

Phone number where you can be reached if we have questions regarding this form: ( ) -

List all your residential addresses for the past seven (7) years, starting with your present address:

(Use additional sheet of paper if necessary.)

Street Address City State County Zip Code From Mo./Yr. To Mo./Yr/

Have you ever been convicted of a crime (Other than minor traffic offenses)? Yes No

If Yes, please explain charges: (use an additional sheet of paper if necessary.)

What State, What County and What Year did these convictions occur?

I authorize Christ Congregational Church (UCC) and/or Oxford Document Management and their agents to investigate my background in connection with my application for employment, appointment or a volunteer position. I understand that this may include investigative inquiries related to my driving, credit, criminal, civil, education, and employment experiences. I hereby release and hold harmless all persons, agencies or companies furnishing such information from liability and responsibility. A photo static/fax/electronic copy of this document can be substituted for the original. This document shall be valid for a period of one (1) year from the date of my signature. I certify that this Authorization was completed by me and all information is true and complete to the best of my knowledge.

Name/Signature of Applicant Date: / /

- Background Referencing (5 yr)
Federal Criminal
Credit
Education (attach resume)

- Background Referencing (10 yr)
State Criminal
SS Trace
National Background Directory

- Background Referencing (15 yr)
County Criminal
Driving
National Sex Offender Registry