

Application For Employment
DAKOTAS UNITED METHODIST CAMPS

Wesley Acres

Mail to: Christy Heflin, Director, 1821 115th Ave SE, Dazey, ND 58429

Phone: 701-733-2413 Fax: 701-733-2411 * Call when faxing please!*

PERSONAL DATA

Name _____ Date of Birth _____

Current Address _____ Phone _____

_____ E-mail _____

CITY STATE ZIP CODE

Permanent Address _____

_____ Phone _____

CITY STATE ZIP CODE

Highest Level of Education _____ Social Security # _____

Do you have a current driver's license? _____ YES _____ NO

Have you ever been charged/convicted of a crime? _____ YES _____ NO

Have you ever been accused of sexual harassment, sexual misconduct or inappropriate behavior with children/youth? _____ YES _____ NO

Have any of your actions with children/youth ever been investigated by the Department of Social Services or Department of Human Services? _____ YES _____ NO

If you answered YES to any of the previous three questions, please describe on an additional sheet of paper.

EMPLOYMENT HISTORY

LIST YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT.

1) Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Your Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Job Responsibilities: _____

2) Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Your Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Job Responsibilities: _____

3) Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Your Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Job Responsibilities: _____

3 Professional References (Employer, Mentor, Volunteer Supervisor - not relatives) Please alert them they may contacted as a reference for your employment.

Name:	Email Address & Mailing Address:	Phone:	Relationship:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CERTIFICATIONS: Please check any current certifications you have.

<input type="checkbox"/> Lifeguard Certification	<input type="checkbox"/> First Aid Certification	<input type="checkbox"/> EMT Certification
<input type="checkbox"/> WSI Certification	<input type="checkbox"/> CPR Certification	<input type="checkbox"/> Bus Driver License

Please complete the following personal information: (You may use additional paper if space is required) LIST any pertinent Kitchen, Housekeeping, and Grounds Keeping Experience.

LIST any of your activities, organizations and experiences that would benefit you in this employment.

How could you be an effective part of the ministry of a Christian Camp?

Describe how you would feel about working for a church related agency

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Put an X Before your interests, XX before your skills, and XXX before those skills in which you are very qualified.

<input type="checkbox"/> Bible Study Leader	<input type="checkbox"/> Camp Crafts	<input type="checkbox"/> Meal Planning
<input type="checkbox"/> Discussion Leader	<input type="checkbox"/> Nature Studies	<input type="checkbox"/> Meal Preparation
<input type="checkbox"/> Counseling	<input type="checkbox"/> Swimming	<input type="checkbox"/> Outdoor Cooking
<input type="checkbox"/> Recreation Leader	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Lead Group Singing	<input type="checkbox"/> Sailing	<input type="checkbox"/> General Maintenance
<input type="checkbox"/> Photography	<input type="checkbox"/> Computer Literate	<input type="checkbox"/> Grounds Keeping
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Other

Type of Position Desired:

Lifeguard Program Assistant Kitchen Assistant Assistant Cook

Maintenance Hospitality Assistant/Housekeeping

Dates Available: _____ **Through** _____

Signature of Applicant _____ **Date** _____

CHURCH & VOLUNTEER ACTIVITY
(Use back of this sheet or additional sheet if necessary)

Name of church of which you are a member: _____

List (name and address) of other churches you have attended regularly during the past five years:

What do you consider appropriate discipline for children and youth?

List other types of roles/activities you have had with children and youth (identify church or organization, address and type of work and dates:

List any gifts, callings, training, education, or other factors that have prepared you for working with or around children and youth:

CHARACTER REFERENCES
(Not former employers or relatives)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State & Zip Code: _____

State & Zip Code: _____

Phone: _____

Phone: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

As I apply for a position in the Dakotas United Methodist Camping Program, I understand its concern about the quality and history of its employees. To help insure the safety of the children and youth who participate in the United Methodist Camping Program, I give permission for the Director of Camping and Youth Ministries to conduct this background check as a condition for my employment.

The information contained in this application is correct to the best of my knowledge. I hereby authorize each of those named by me or otherwise contacted due to the information in my application to release to the Director of Camping any knowledge (including opinions) which anyone may have regarding my character and fitness for working around and/or with children and youth.

I understand this AUTHORIZATION FOR RELEASE OF INFORMATION may be sent to my references and other churches or entities identified in my application. I release and hold harmless all such references, employers (current and past), individuals, churches, or entities from any claim or liability which may arise from the furnishing of such evaluations or requested information. I further agree to release and hold harmless the Dakotas United Methodist Camping Program and its officers, employees, and volunteers from any claim or liability arising from the use of this application or the information obtained from those contacted as a result thereof. I waive any right that I may have to inspect references provided on my behalf.

I authorize my references, current and former employers to treat a photocopy of this release as though it were the original executed copy.

Applicant's Signature _____ Date _____

Parent or Guardian _____ Date _____
(if under age 18)

Witness _____ Date _____

Please return your signed application and signed applicants statement to:

Christy Heflin, Director
Wesley Acres Camp & Retreat Center
1821 115th Ave SE
Dazey, ND 58429
wac@dakcamps.org