

UBarU Camp Adult Volunteer Application

Applicant's Statement

The information contained in this application is correct and true to the best of my knowledge. I authorize any references or churches listed in this application to provide any information (including opinions) that they may have regarding my character and fitness for work with children or youth. Should my application be accepted, I agree to be bound by the policies of the state of Texas and Unitarian Universalist Association regarding childcare and youth workers. I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's signature

Date

I am applying to work at: Primary camp Intermediate camp Senior/ Reeb camp other: _____

Position I am applying for (i.e. counselor, chaplain, CHO): _____

Last Name First Name e-mail address Gender DOB

Address City State Zip Code Cell Phone Phone Number

Church Name Address City/State/Zip Code Phone Number

Employer Address City/State/Zip Code Phone Number

Congregations attended regularly within the past five (5) years:

Congregation City, State Years attended

Congregation City, State Years attended

Congregation City, State Years attended

Experience you feel qualifies you to work with children or youth, i.e. teaching, advising, trainings, etc.:

_____ # of years _____ Position(s) _____

_____ # of years _____ Position(s) _____

Work # of years _____ Position/Type of work _____

Other # of years _____ Position(s) _____

Youth Advisor Training Pastoral care/Chaplain Training OWL facilitator Training

Leadership Development Conference Youth Ministry Renaissance Module Leadership School

Spirituality Development Conference CPR/First Aid Training Lifeguard or archery certified

List any special training, education, skills, abilities and talents: _____

List any further leadership experiences at congregational/district/UUA levels: _____

I am in right relation with my congregation at this time. _____. If no, please explain. _____

References (no relatives, please). Please include a reference from your congregation (i.e. minister, religious educator, youth director, or congregation president).

Work Church Personal

1 _____
Name/Church leadership position Phone Number # of years known

Address City State Zip Code e-mail address

Work Church Personal

2 _____
Name Phone Number # of years known

Address City State Zip Code e-mail address

Work Church Personal

3 _____
Name Phone Number # of years known

Address City State Zip Code e-mail address

Have you ever been convicted of or pleaded guilty to a criminal offense related to sexual misconduct or child abuse?
 Yes No

Has any civil judgment ever been made against you for reasons related to sexual misconduct or child abuse?
 Yes No

Have you ever resigned from employment or been disciplined or terminated by an employer for reasons related to sexual misconduct or child abuse?
 Yes No

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or youth?
 Yes No

Have you ever been diagnosed or are currently receiving treatment for any condition (medical/psychological) that might preclude you from involvement in working with children or youth?
 Yes No

If you answered yes to any of the above, please explain (attach a separate sheet). A yes does not necessarily exclude you for consideration.

I have read and understand the Adult Volunteer job description. Yes No

I understand that, if chosen, I will need to consent to a background check. Yes No

Return these pages to camps@ubar.org for consideration as well as with any questions.

Name: _____