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Attach  
Photo

**Willoughby Hills United Methodist Church**  
**34201 Eddy Rd Willoughby Hills, OH 44094**  
**440-585-9462**  
**2014**

## MENTOR/CLUB STAFF APPLICATION

(CLUB Applicants may use this form  
 OR a copy of their CURRENT RFK CAMP Application)

**Instructions:** *Please Print.* All information is held strictly confidential. This form must be completely filled out. The information is vital to your acceptance and possible placement as a volunteer.

\_\_\_\_\_  
 Date Current Drivers License # (a photocopy of license must accompany application)

\_\_\_\_\_  
 Last Name First Name M\_\_\_\_ F\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex Birth date

\_\_\_\_\_  
 Street Age Marital Status

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Occupation Name of Employer Number of years

I am interested in volunteering for Royal Family KIDS Club in one of the following roles (check all that apply) to help campers during the next school year

- Mentor to matched camper (4 hours a month + Club Monthly Meeting; 5 months)
- Club Staff (once a month Club Meeting for 5 months) Special Area of Interest? (Music, Bible Story, Activities/Crafts, Outdoor, Puppets): \_\_\_\_\_
- Club Assistant—Helper for Club Staff
- Mentor Assistant—Accompany mentor and Club kid as a second cleared adult to provide ‘two deep’ supervision in a less public setting (home; hike; etc.)

Have you used any AKA's (Also Known As)?  Yes  No If Yes, what? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Years and \_\_\_\_\_ months If you have lived at your current address for less than one year, list your complete addresses for the last five years:

\_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_  
Bus. Phone

\_\_\_\_\_  
 Emergency Contact Relationship (\_\_\_\_) \_\_\_\_\_  
Phone

Polo-Shirt Size:  Men  Small  Med  Large  XLarge  XX1  XX2  
 Women  Small  Med  Large  XLarge

Besides RFK Camp, do you have relevant experiences working with children, especially at-risk children?

No  Yes. In what way: \_\_\_\_\_

Were you a victim of abuse, neglect or abandonment as a minor?  NO  YES

Yes, but I would prefer to discuss this in person.

Please Clarify: \_\_\_\_\_

\_\_\_\_\_

Please describe why you wish to be a Mentor or Club volunteer for children of abuse (use the back for space if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

Do you have any medical conditions?  NO  YES, please describe:

Do you take any medications?  NO  YES, please list medicine, reason and any side effects:

Have you had any serious illness or injuries in the last three years?  NO  Yes, please list:

Have you any physical handicaps or conditions preventing you from performing any type of activity?

NO  YES, please list

**RECORD OF EDUCATION**

High School Name: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Other: \_\_\_\_\_ Major: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**PERSONAL REFERENCES** (not former employers or relatives)

- 1. \_\_\_\_\_  
Name Address Phone
- 2. \_\_\_\_\_  
Name Address Phone
- 3. \_\_\_\_\_  
Name Address Phone

**PERSONAL PROFILE**

Have you committed your life to Jesus Christ?  NO  YES Where & When: \_\_\_\_\_

What church do you presently attend? \_\_\_\_\_ How long? \_\_\_\_ Yrs. \_\_\_\_ Mos.

Pastor's Name: \_\_\_\_\_ Church Phone #: \_\_\_\_\_

Please circle all the words below which you believe accurately describe you:

- |           |               |             |             |           |            |
|-----------|---------------|-------------|-------------|-----------|------------|
| Timid     | Gentle        | Impatient   | Modest      | Nervous   | Loving     |
| Tactful   | Mature        | Sarcastic   | Patient     | Angry     | Deliberate |
| Congenial | Compassionate | Stubborn    | Kind        | Studious  | Selfish    |
| Secure    | Considerate   | Abrasive    | Trustworthy | Motivated | Verbal     |
| Organized | Impulsive     | Intelligent | Insecure    | Relaxed   |            |

List below, five strengths and five weaknesses you have in working with children (please be specific)

**Strengths**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Weaknesses**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I would prefer to be matched with a mentee who is:

- 6-7 Yrs Old     8 Yrs Old     9 Yrs Old     10 Yrs Old     11-12 Yrs Old

Have you ever been arrested for a criminal offense?  NO  YES

Have you ever been convicted of or plead guilty to a crime?  NO  YES

Have you ever been arrested for sexual misconduct?  NO  YES

Have you ever been convicted of or plead guilty to sexual misconduct?  NO  YES

Have you ever taken drugs other than prescription drugs?  NO  YES

Do you currently use: tobacco  NO  YES alcohol  NO  YES drugs  NO  YES

If you answered "YES" to any of the above please explain. Use the reverse side if necessary.

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Royal Family KIDS' Camp Training and Experience: List the Camp staff position(s) you held and the year(s):

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Provide the name of an RFKC reference who worked with you: \_\_\_\_\_

**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 children or youth work. In consideration of the receipt and evaluation of this application by **[church name]**, I hereby release any individual, church, youth organization, charity, employer reference, or any other person or organization, including record custodians, both collectively and individually from any and all liability for 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.

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.

Please be advised that a national criminal history check will be requested from the FBI.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

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

\_\_\_\_\_  
Date