

Name: _____ M F (circle one)
Phone #: (____)____ - _____ Email: _____

Social Security Number: _____ - _____ - _____ (Necessary for background check)

Address: _____ City: _____ State: _____ Zip: _____

Name of your school: _____

Parents Names: _____ Phone #'s: H(____)____ - _____ Cell(____)____ - _____
Phone #'s: H(____)____ - _____ Cell(____)____ - _____

In case of emergency notify (besides parents): _____

Relationship to you: _____ Phone #: H(____)____ - _____ Cell(____)____ - _____

Have you been a camper at Riverview before? Yes No
If Yes, when?

Have you been a counselor at Riverview before? Yes No
If Yes, when?

Birth Date: ____/____/19____ Age: _____ Grade in Fall 2008: _____ or Occupation _____

Church you are a member of/attending: _____ City: _____

Are you involved in Church Youth Activities? Yes No Where: _____

If yes, what is your Director's / Leader's name? _____ Phone #: (____)____ - _____

Personal References

Persons who can respond to your qualifications as a camp counselor and leader of young people. Please fill out the following information, and give the reference form (attached on back of Application) to a **separate** reference.

1) Christian Worker (Youth Pastor/Director): _____
Home Phone #: (____)____ - _____ (Cell) (____)____ - _____
Address: _____ City: _____ State: _____ Zip: _____
How long have you known this person? _____

2) Current or Past Employer (if applicable): _____
Home Phone #: (____)____ - _____ (Cell) (____)____ - _____
Address: _____ City: _____ State: _____ Zip: _____
How long have you known this person? _____

- I give Riverview Bible Camp permission to contact the above references:

Applicant's signature: _____ Date: _____

Child Abuse Waiver

All child and youth workers, teachers, counselors, helpers, and others who have direct supervision of, or in contact with children or youth at Riverview Bible Camp in connection with any program, project, or ministry of Fourth Memorial Church are required to answer the following questions and sign this waiver printed below. Completion of this waiver is a requirement prior to consideration for a role with children or youth at Riverview Bible Camp.

1. Have you ever been convicted of, or pleaded guilty to a misdemeanor or felony crime? YES NO

If yes, please explain:

2. Is there anything now or in the past which would hinder you or your ability to work and minister to children and youth at Riverview? YES NO

If yes, please explain:

3. Have you ever been known by any other names? YES NO

If yes, please list here:

4. Has any complaint, formal or informal, ever been made against you alleging sexual or physical abuse or misconduct involving a minor? YES NO

If yes, please explain:

5. Have you ever registered, or been terminated, from employment or a volunteer position for reasons relating to allegations of sexual or physical abuse or misconduct involving a minor? YES NO

If yes, please explain:

6. Have you ever been referred to by the police agency or Child Protective Services for alleged child abuse? YES NO

If yes, please explain:

7. Has your name ever been placed on a registry for sexual offenders? YES NO

If yes, please explain:

8. Have you ever received professional treatment for reasons related to sexual or physical abuse or misconduct involving a minor? YES NO

If yes, please explain:

If the answer to any of the above questions is "YES" please give details, including: locations, dates, nature of allegation, by which the allegation(s) were made, addresses, phone numbers of those involved (employer, police, or Child Protective Agency) who handled the complaint or referral, and the outcome of the allegations or complaints:

Riverview Bible Camp Waiver Statement

The information that I have provided on this questionnaire is accurate to the best of my knowledge and I have provided it with the intent that it be relied upon by Riverview Bible Camp or Fourth Memorial Church of Spokane, in determining my suitability as an employee or volunteer working with children or youth, as a worker, teacher, counselor, or helper. I hereby authorize the disclosure and release by others to Riverview Bible Camp or Fourth Memorial Church of Spokane of all information and records, including employment, criminal history, medical and other professional treatment records pertinent to the matters addressed in this questionnaire. Further, I waive any right to privacy to the information contained herein or to the information learned by Riverview Bible Camp or Fourth Memorial Church of Spokane, pursuant to the authorization herein for the disclosure and release of information and records. I hereby authorize Riverview Bible Camp or Fourth Memorial Church of Spokane to consider and to use such information as may be deemed necessary by Riverview Bible Camp or Fourth Memorial Church of Spokane to protect children and youth involved in church and camp programs, projects, or ministries from sexual or physical abuse. I also give my permission to Riverview Bible Camp or Fourth Memorial Church of Spokane to use my Birth Date and Social Security Number to a secure criminal background check from the Washington State Patrol.

Print Name: _____

Signature: _____ Date: _____

Christian Experience

Please answer here or type on a separate piece of paper.

Here at Riverview Bible Camp our summer staff will live and work in a community setting, what life experiences have you had that will prepare you?

Being in camp ministry requires a degree of flexibility, we are called upon many times to work a variety of hours; camp is a 24/7 ministry and you may be asked to work long days on occasion. Have you ever worked more than 30 hours in a week? _____

Who is Jesus Christ? What does it mean to live for Him daily?

Personality Information

Please answer the following questions as honestly as you can:

1 Not at All	2 Somewhat	3 Average	4 Improving	5 Very Much
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	RATING	COMMENTS
FLEXIBLE	1 2 3 4 5	_____
TEACHABLE	1 2 3 4 5	_____
PROMPT	1 2 3 4 5	_____
FOLLOWING DIRECTIONS	1 2 3 4 5	_____
FOLLOW-THROUGH ABILITY	1 2 3 4 5	_____
ORGANIZED	1 2 3 4 5	_____
GET ALONG WITH OTHERS	1 2 3 4 5	_____
SELFISH	1 2 3 4 5	_____
EMOTIONALLY BALANCED	1 2 3 4 5	_____
FRIENDLY	1 2 3 4 5	_____
OUTGOING	1 2 3 4 5	_____
LEADER OF PEERS	1 2 3 4 5	_____
TEMPERMENTAL/ANGRY	1 2 3 4 5	_____
TACTFUL	1 2 3 4 5	_____
UNDERSTAND CHRISTIAN FAITH	1 2 3 4 5	_____
WILLING TO PARTICIPATE IN DIFFICULT TASKS	1 2 3 4 5	_____

If you could summarize your personality in one word, what would that word be? _____

Health Information

You should NOT apply if the following exists:

- If you have a contagious, infectious, or transmittable disease.
- If you are engaged in any sexual relationship outside of marriage.
- If you use marijuana, illegal drugs, or participate in underage drinking or tobacco use.

Please answer the following questions so we can better evaluate your application:

To your knowledge are you in good health? _____ Dates of shots: Tetanus: ___/___/___ DPT: ___/___/___

Accident or Health Plan: _____ Policy Number: _____

Have you been hospitalized or under a doctor's care in the last two years? _____ If yes, please give a description:

Do you consider yourself energetic? _____ Do you have lots of stamina? _____

List any allergies:

Do you regularly use any medication (including over the counter medication)? _____ If yes, please state when, what type of medication, and if you have any physical or medical problems as a result:

Spiritual Insight

Why do you desire to serve at Riverview Bible Camp?

Please describe your commitment to Christ.

What importance do you place on the authority of Scripture?

What would you do to maintain your Spiritual growth while working at Riverview Bible Camp?

What Spiritual avenues of Christian growth are you in currently?

Please state any additional information that you feel may be helpful to us in considering your application:
