



# CAMP VATRA FOR SENIORS

## 2009 Counselor Application

**2009 CAMP DATES**  
**Sunday, July 12 – Saturday, July 18, 2009**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Social Security # : \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_  
month / day / year

Driver's License Number: \_\_\_\_\_  
Number State Exp. Date

Sex: M F Marital Status: single / married / divorced / widowed

Name of Parish You Attend: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

How often do you attend church services? RARELY MONTHLY WEEKLY  
How often do you participate in Confession and Communion? NEVER YEARLY OCCASIONALLY REGULARLY  
Have you worked at Camp Vatra before? Yes No Year(s): \_\_\_\_\_

**EMERGENCY CONTACT**  
Who should we contact in case of emergency?

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

Phone number(s): \_\_\_\_\_

**EMPLOYMENT**  
Present Employer and Occupation: \_\_\_\_\_

**PAST EMPLOYMENT.** Please provide a record of employment.

Dates	Employer	Nature of Work	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION.** Please indicate level of formal education completed.  
High school: \_\_\_\_\_ Graduation date: \_\_\_\_\_  
College: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Please indicate in which of the following areas you have training or experience:

___ First Aid/CPR	___ Certified water life safety
___ Arts & Crafts	___ Music/Dance
___ Sports (specify:) _____	___ Languages (specify:) _____
___ Orthodox Christian education (specify) _____	
___ Other (please specify) _____	

Have you ever been convicted of any crime (other than a minor traffic violation)? Yes No If yes, please explain:

What contributions do you think you can make at Camp Vatra?

Why do you want to be a counselor?

**PASTORAL ENDORSEMENT:** I verify that the person whose name appears on this application is a member of my parish:

PRIEST'S SIGNATURE: \_\_\_\_\_

PARISH: Name: \_\_\_\_\_ City: \_\_\_\_\_

**REFERENCES.** Please attach two (2) letters of recommendation from people, not related to you, who have known you for at least three (3) years, and who have knowledge of your character, experience, and ability. Please provide here their names, addresses and phone numbers:

Name	Address	Phone
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I verify that the above information is true and I understand that I must also fill out a **Authorization for Background Check and Voluntary Disclosure Form** and **Health History Form** and have a current *Tuberculosis Test*.

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

Please mail all forms to:

Attn: Richard Grabowski  
Camp Vatra for Seniors STAFF  
P.O. Box 309  
Grass Lake, MI 49240-0309

**REQUEST, AUTHORIZATION, CONSENT AND RELEASE  
FOR BACKGROUND INFORMATION  
PLEASE TYPE OR PRINT**

I, \_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME  
(PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for staff position (e.g. director, instructor, counselor, staff, nurse, etc.) with Vatra Seniors' Camp or Vatra Juniors' Camp, the Romanian Orthodox Episcopate of America (R.O.E.A.) may use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications.

This agency may utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, credit reporting agencies, workers Compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to the R.O.E.A. and any employed reporting agency.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES, FOR POSITIVE IDENTIFICATION PURPOSES, REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE THE R.O.E.A. AND ITS AGENTS, AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Position Applied For**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Social Security Number**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Driver's License #**

\_\_\_\_\_  
**State**

**Other names you have used or are also known as:** \_\_\_\_\_

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

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

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

