

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: _____

