

STAFF APPLICATION FORM

(Please PRINT and complete ALL applicable sections.)

NAME _____ MALE
Last First Middle Initial

ADDRESS _____ FEMALE
Street Apt# City State/Prov Zip/Post Code

HOME PHONE () _____ WORK PHONE () _____ MOBILE () _____

EMAIL _____

PARISH YOU ATTEND _____
Name City, State/Prov

DATE OF BIRTH / / PLACE OF BIRTH _____
Month Day Year City State/Prov County

CITIZENSHIP / LEGAL RESIDENCE : UNITED STATES . . . SOCIAL SECURITY NUMBER _____
 CANADA SOCIAL INSURANCE NUMBER _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? NO YES

If "yes," please explain in detail (include date, location & case disposition): _____

DATES YOU ARE APPLYING TO WORK: _____ through _____ / _____ through _____

POSITION(S) YOU ARE APPLYING FOR: Clergy / Chaplain Teacher Cook / Cooking Assistant
 Dorm Mother Dorm Father Dining Room Hostess
 Maintenance Other _____

List specific areas in which you are interested and/or qualities you feel qualify you for the above-indicated position(s): _____

IS THIS YOUR FIRST TIME WORKING AT CAMP VATRA FOR JUNIORS? YES NO . . . Years worked: _____

DO YOU HAVE ANY SERIOUS MEDICAL CONDITION(S)? NO YES . . . Explain: _____

EMERGENCY CONTACT _____ PHONE () _____
Name Relation

By signing below I affirm that all the above information is true to the best of my knowledge, and that I understand and agree to the following items:

- A "Letter of Recommendation" from the applicant's parish priest must be submitted if this is their first time applying;
- All staff applicants are subject to a criminal background check as requested by the Romanian Orthodox Episcopate of America (R.O.E.A.);
- All persons whose applications are accepted must bring a current Drivers License / Photo ID to camp to be photocopied and kept on file by the R.O.E.A.;
- All persons whose applications are accepted must disclose all current health/medical information to the camp administration;
- The camp administration reserves the right to require any staff member to leave the camp at any time;
- I agree to hold free from harm and responsibility the Romanian Orthodox Episcopate of America, Camp Vatra for Juniors and any individuals or organizations associated with these two entities in the case of any personal harm or injuries that I may incur while working at Camp Vatra for Juniors.

NAME (printed): _____ SIGNATURE: _____ DATE: _____

Romanian Orthodox Episcopate of America CAMP VATRA

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 Camp Vatra for Juniors, 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: _____