



CAMP VATRA FOR SENIORS

2010 STAFF Application

CAMP DATES

Sunday, July 11 – Saturday, July 17, 2010 (One Week)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For which position are you applying?

____ Cook/Kitchen ____ Grounds crew ____ General Staff

**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: _____

