



CrossView Christian Camp
P.O. Box 288
Dickens, TX 79229
(806) 294-5021
www.crossviewcamp.org

Application & Release Form for Employees

Please respond to all questions and do not leave any response blank. If you do not believe that a response is applicable, put "not applicable" in the blank. Use additional paper to respond if necessary.

PERSONAL

Last Name: _____ Maiden: _____ First: _____ Middle: _____

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

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Social Security #: _____ Driver's License #: _____ State: _____ Expiration Date: _____

E-mail address: _____ Age: _____ Date of Birth: _____

List all your Social Networking Sites: _____

Male/Female: _____ Height: _____ Weight: _____ Date of Last Tetanus: _____

Marital Status: _____ Spouse's Name: _____ Spouse's Phone: _____

Chronic Conditions: _____

Is there any health related reason that would prevent you from effectively working in an active camp environment or cause potential harm to our Campers? yes no

If yes, please describe: _____

Medicines & Dosages Currently Taking: _____

Food/Drug Allergies: _____ T-shirt Size: _____

Health Insurance: _____ Policy #: _____

Emergency Contact: _____ Contact's Phone: _____

Hospital Preference: _____ Physician: _____ Physician's Phone: _____

Position applying for: _____ Date Available: _____ Length of Commitment: _____

EMPLOYMENT HISTORY

List your present job first, or most recent job if you are now unemployed, and then all others in reverse chronological order. LIST ALL FORMER EMPLOYMENT. Use additional pages if necessary.

Employer & Supervisor	Address	City	State	Zip	Phone
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1. _____

2. _____

3. _____

4. _____

5. _____

May we contact your current supervisor?	<i>yes</i>	<i>no</i>
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If no, please explain why this would be inappropriate. _____

EDUCATION

What high school did you attend?	When did you attend?
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Did you graduate?	<i>yes</i>	<i>no</i>	When?
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Have you attended a college or university?	<i>yes</i>	<i>no</i>	Name of school:
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Location of school:	Years attended:
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Did you graduate?	<i>yes</i>	<i>no</i>	Degree received:
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Please describe below any skills, training, or qualifications you possess which you believe would assist the Camp in its operation:

Are you CPR and/or First Aid Certified?	<i>yes</i>	<i>no</i>	Expiration of Certification:
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Are you Lifeguard Certified?	<i>yes</i>	<i>no</i>	Expiration of Certification:
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Are you able to lead worship?	<i>yes</i>	<i>no</i>	Instrument(s):
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SPIRITUAL LIFE

What church/fellowship are you a member of?

How long have you attended that church?

Pastor's Name:

How often do you attend church?

Did/do you work with children at your church? *yes no*

If you did/do work with children there, in what capacity?

List cities & states in which you have lived; any denominations or churches of which you have been a member, including addresses; and all previous church service, volunteer or paid, you have provided since you were 17 years of age. Include approximate dates. Attach a separate page if necessary.

City

State

Church

Address

Service

Do you consider yourself to be a positive role model for others? *yes no*

Please explain why:

Please explain salvation as you understand it:

Have you accepted Jesus Christ as your Lord and Savior? *yes no* When?

Have you ever led another person to Christ? *yes no*

Are you comfortable sharing the Gospel? *yes no* If no, why not?

Do you have a personal "quiet time" or alone time with God on a regular basis? *yes no*

Are you struggling with any addictions (self-harm, pornography, drugs, alcohol, etc.)? *yes no*

If you answered "yes" above, please explain:

PERSONAL INTEGRITY/CRIMINAL HISTORY

Please provide the names and phone numbers of three personal references not related to you.

Name	Home Phone	Work Phone
1.		
2.		
3.		

Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children or that might cause a child potential harm? *yes* *no*

Have you ever been charged with, indicted for, or plead guilty to a crime? *yes* *no*

Have you ever been charged with, indicted for, or plead guilty to an action prohibited by the Texas Family Code, or a similar code in any state? *yes* *no*

If *yes* to any of the above 3 questions, please explain:

Have you been known by any other name? *yes* *no* If *yes*, list all other names:

Are willing to be fingerprinted & background checked by a national agency? *yes* *no*

If *no*, why not?

DISCLAIMER

The information contained in this application is correct to the best of my knowledge. I authorize CrossView Camp to obtain information from references, employers, and churches listed herein. I also authorize any references, churches, or other organizations listed in this application to give you any information, including opinions, that they may have regarding my character and fitness for the job for which I am applying. In consideration of the receipt and evaluation of this application by CrossView Camp, I hereby release any individual, church, children's organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of CrossView Christian Camp & Retreat Center. I agree to refrain from unscriptural conduct in the performance of my duties on behalf of CrossView Christian Camp & Retreat Center. I understand the Camp's desire to protect its Campers, and I therefore give my permission for Camp leadership to conduct a criminal background check on me and to maintain my fingerprints and a photo I.D. on file.

I further state that I have carefully read the foregoing release and know the contents thereof; and I sign this release as my own free act. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment or future termination without advance notice.

In the event I am employed by CrossView Christian Camp & Retreat Center, I understand that all employees are subject to termination at the discretion of the same.

I authorize CrossView Christian Camp & Retreat Center to supply my employment record (or volunteer record), in whole or in part, and in confidence, to any prospective or future employer, governmental agency, or other party, with a legal and proper interest therein.

Applicant's signature:

Date:

EMERGENCY PROCEDURES

According to Texas State Law, you must read & sign the following:

1. In case of tornado: If Campers are in their Cabins, Campers are to seek shelter beneath the bunk beds. If Campers are outside, they are to go to the Dining Hall and seek shelter underneath the tables.
2. In case of a fire, Campers are to exit the building and remain a minimum of 200 feet from the building.
3. In case of a severe thunderstorm, Campers are to seek shelter immediately.
4. In case of serious accident, dial 911, then contact the Camp Safety Officer and Camp Director.
5. In case of an epidemic, contact the Camp Director who will contact the proper authorities.
6. In case of a fatality, dial 911, then contact the Camp Safety Officer and Camp Director.
7. For any other emergency, contact the Camp Director for further instructions.

I have read the above Emergency Procedures and will follow them while at CrossView Camp.

Applicant's signature:

Date:

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE, AND INDEMNIFICATION

Important: This is a legal document, a release of liability, and release to seek medical treatment. Please read and understand before signing.

In order to participate in the activities and events at CrossView Christian Camp & Retreat Center, this document must be signed by the adult wanting to participate, or the parent/legal guardian of any minor wanting to participate.

I understand that:

- Activity programs involve the use of equipment and physical skills of the participant, and that participating in these and related activities may result in injury.
- Participants in our high ropes course may be more than twenty feet above the ground, belayed and/or suspended above the ground, falling, climbing, running, jumping, and moving about the course.
- The possibility exists that a participant in our high ropes course could fall and hit the ground, another participant, or another object.
- Accidents can occur hiking. Trails are often steep, rocky, and slippery.
- A participant may be exposed to natural elements which can be uncomfortable or harmful, possibly resulting in sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, hypothermia, or frost bite.
- Participation in camp activities will increase heart rate.
- CrossView Christian Camp includes swimming as a part of its activities program, and certain risks exist in and around swimming pools.
- Many natural hazards exist in a rural setting. Insect, reptile, and/or animal bites may be experienced while participating in the programs of CrossView Christian Camp & Retreat Center.
- CrossView Christian Camp includes paintball as part of its activities program, and certain risks exists on the paintball field and with the use of paintball markers.
- My picture may be taken while at CrossView and may be used (anonymously) in CrossView's promotional and printed materials.

I understand the list of potential risks is not exclusive or exhaustive. I understand that no activity program is absolutely safe and free from risk. I agree to assume full responsibility for myself and that of my family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in activity programs at CrossView Christian Camp & Retreat Center resulting from negligence on my part, that of my family, or employees, officers, directors, or agents of CrossView Christian Camp & Retreat Center. I affirm that I am fully capable of participating in this activity and that my general health is good. I do not have any condition that might endanger the life or health of myself or others participating in this activity. I understand the signature of the parent or guardian of a minor child on this document shall make all provisions of this release and assumption of the risk agreement applicable to and binding on the minor child.

Applicant's signature: _____

Date: _____

MEDICAL RELEASE

I give my permission to the employees, agents, sponsors, or directors of CrossView Christian Camp & Retreat Center to act on my behalf in the event I require medical attention while on the property of CrossView Christian Camp & Retreat Center or while representing CrossView Camp off property..

Applicant's signature: _____

Date: _____

Parent/guardian signature (if applicant is a minor): _____

Date: _____