## Castle Rock Baptist Camp

## **Staff Screening Form**

Thank you for being willing to serve in a position at Castle Rock Baptist Camp, Gallatin Gateway, Montana.

Because each and every volunteer and staff has the potential to impact children for good or for evil, we must ensure that all those participating maintain a Biblical standard of Godliness in their personal behavior. We trust that you share our desire to protect the precious children whom God had entrusted to us.

Please fill out the screening form completely, taking care to answer each question truthfully and completely. If extra room is needed to completely answer any question, please attach a page to this form.

Name:				
	Last	First	Middle	
If you have ever unames and dates		such as married or	maiden names, please p	orovide those
1	Name		Date	
Are you over the	age of 18? Yes	No	_ (If no please specify yo	ur age)
Present Address:				
City/ State/ Zip: _				
Home Phone: (	) -	_		
Cell Phone: (	) -			
Email:				
Position Applied F	or:			
Date You Can Sta	art·			

## **Spiritual Qualifications:** Church That You Attend: \_\_\_\_\_ Are You A Member? Yes\_\_\_\_ (If yes how long? ) No \_\_\_\_ Briefly Give Your Testimony Of Salvation. Please list the churches you have attended in the last five years, dates, and reasons that you left. Name: Phone #: Address: **Reason Left:** Dates: Name: Phone #: Address: Reason Left: Dates: Name: Phone #: Address: Reason Left: Dates: Name: Phone #: Address: **Reason Left:** Dates: Name: Phone #: Address:

Dates:

**Reason Left:** 

Educ	cational/ Professional Qualifications			
1. Briefly describe your educational qualifications. (Schools/ Degrees/ Dates)				
2. L	ist Professional training and or licenses. (i.e. First Aid/ CRP/ or ot	hers) 		
3. L	ist your previous five employers. (Address/ Phone/ Dates)			
	rences ide three unrelated references who have known you for at least fi	ve years.		
Nam	ne:	Phone #:		
Add	ress:			
Nam	ne:	Phone #:		
Add	ress:			
Nam	ne:	Phone #:		
Add	ress:			

## Background Information

1. Have you ever been convicted or charged or pled guilty to committing a crime involving abuse or endangerment of children? Yes No
If yes please explain:
Have you ever been or are you currently under investigation by any agency for a crime involving abuse or endangerment of children?  Yes No
If yes please explain:
Have you ever been or are currently, involved with any illegal or unethical financial dealings?  Yes No
If yes please explain:
4. Have you ever been convicted of or pled guilty to committing a crime involving but not limited to drugs, violence, theft, or criminal negligence? Yes No
If yes please explain:

5. Will you commit to pray for this ministry that God will wand administration, and God will guide and direct the lead	
Yes No	
If no please explain:	
<ul> <li>I certify that all the information provided is honest and to I release this ministry and it's stated leadership from an and required reference checks.</li> <li>I agree to abide by all stated (written &amp; oral) requirement my position and my moral standard of living.</li> </ul>	y liability associated with this screening
Signature of Applicant	Date
Signature of Witness	 Date