

# CRBC 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. Mail or email your completed form to the Camp Director at:



Pastor Devon Dosson  
P.O. Box 501  
Lodge Grass, MT 59050  
cell: (406) 794-1045  
email: castlerockbc.director@gmail.com

## PERSONAL INFORMATION:

Name:

Last

First

Middle

Suffix

If you have ever used other names, such as married or maiden names please provide those names and dates of use.

Name:  Dates Used:

Name:  Dates Used:

Are you over the age of 18?

Yes  No (If no please specify your age) \_\_\_\_\_

Address:

City/ State/ Zip:

Phone:  Alternate Phone:

Email:  Position Applied For:

Date You Can Start:

## SPIRITUAL QUALIFICATIONS:

Church That You Attend:

Are You A Member?  Yes  No (If yes how long have you been a member \_\_\_\_\_?)

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:

Address:

City, State, Zip:

Dates Attended:

Reason or Leaving:

Name:

Address:

City, State, Zip:

Dates Attended:

Reason or Leaving:

Name:

Address:

City, State, Zip:

Dates Attended:

Reason or Leaving:

Name:

Address:

City, State, Zip:

Dates Attended:

Reason or Leaving:

## EDUCATIONAL/ PROFESSIONAL QUALIFICATIONS:

1. Briefly describe your educational qualifications. (Schools/ Degrees/ Dates)

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2. List Professional training and or licenses. (i.e. First Aid/ CRP/ or others)

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3. List your previous five employers. (Address/ Phone/ Dates)

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## REFERENCES

Provide three unrelated references who have known you for at least five years.

Name:  Phone#:

Address:

City, State, Zip

Name:  Phone#:

Address:

City, State, Zip

Name:  Phone#:

Address:

City, State, Zip

## 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:

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2. 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:

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3. Have you ever been or are currently, involved with any illegal or unethical financial dealings?  Yes  No

If "YES" please explain:

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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:

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5. Will you commit to pray for this ministry that God will work in the lives of the children, staff, and administration, and God will guide and direct the leadership and protect all those involved?  Yes  No

If "NO" please explain:

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- I certify that all the information provided is honest and true to the best of my ability.
- I release this ministry and it's stated leadership from any liability associated with this screening and required reference checks.
- I agree to abide by all stated (written & oral) requirements and obligations, both in operation of my position and my moral standard of living.

Signature of Applicant:  Date:

Signature of Witness:  Date: