

OIL BELT CHRISTIAN SERVICE CAMP
FACULTY & STAFF QUESTIONNAIRE

2010

With the intent of providing a safe environment for all our campers and protecting the ministry of Oil Belt Christian Service Camp, please fill in the following. *This information may be used for a limited criminal history check.*

[Please print]

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Are you an immersed believer in Jesus Christ? _____

Member of what Congregation: _____ How Long? _____

Bible College Team? _____

I have read through the faculty info sheet and agree to follow those expectations: YES ____ NO ____

What week(s) are you intending to work as faculty (list all--include week, date & camp dean)?

Week

Date

Dean

Have you at any time ever:

*been arrested for any reason? YES ____ NO ____

*been convicted of, or pleaded no contest to, any crime? YES ____ NO ____

*engaged in any child molestation, exploitation, or abuse? YES ____ NO ____

*been accused of any child molestation, exploitation, or abuse? YES ____ NO ____

Are you aware of:

*Having traits or tendencies that could pose any threat to children, youth, or others? YES ____ NO ____

*Any reason why you should not work with children, youth, or others? YES ____ NO ____

If the answer to any of these questions is "yes", please explain in detail:

(Please use back of page if more space is needed)

Please list two references from your volunteer church work:

Name Phone Number Relationship

The above information is true to the best of my knowledge. I understand, authorize and agree that, to the extent permitted by Illinois law, Oil Belt Christian Service Camp may secure criminal history information about me. I am a committed Christian, and I will do my best to conduct myself in a manner as to cause no question to the name of Christ or to the ministry of Oil Belt Christian Service Camp.

Your Signature _____ **Date** _____

If you are **under 18 years** of age, the form below must be completed and signed by a parent or guardian.

Name of Minor _____

As a parent/guardian of the above-named minor, I hereby authorize the release of information from any law enforcement agency or any administrative agency to the extent authorized by Illinois law.

Signature of parent/guardian _____ Date _____