

# Camp Rainbow Connection 2020 New Staff Application



For questions or further information contact:  
Cindy Ingroff: 804-521-1142  
or e-mail: [StacyRoberts@vaumc.org](mailto:StacyRoberts@vaumc.org)

Choose the overnight camp sessions you plan to attend:

June 20-26, 2020     July 25-31, 2020

All new staff must attend a training session.

New youth staff (18 and under) must attend the March Training and Planning session.

Please check the session you plan to attend.

- March 14, 2020, Training and Planning at Richard Bland College, Petersburg, VA  
or  
 April 4, 2020, Training at United Methodist Conference Center, Glen Allen, VA

Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
first middle last month day year  
*\* must be 16 years of age by July 1<sup>st</sup> of the camp year*

Home Address \_\_\_\_\_  
street or PO box city state zip code

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Gender \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ (All staff receive a CRC t-shirt)

Current Certifications: (✓) each for which you hold a current card, certificate, or license

American Red Cross: \_\_\_\_\_ Life Guard    \_\_\_\_\_ CPR    \_\_\_\_\_ First Aid

Other Certifications: \_\_\_\_\_

Church Attending \_\_\_\_\_

Address \_\_\_\_\_  
street or PO box city state zip code

Church Phone # \_\_\_\_\_ Pastor \_\_\_\_\_

**Enclose with this application form a letter of reference from a pastor or leader in your religious community, employer, teacher, or community leader who is not related to you.**

**Additional References** *(one employment or teacher if student and one personal non-related whom you have known at least 5 years):*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ How long known? \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ How long known? \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Current or former Camp Rainbow staff members you know :**

**If currently a student:**

School \_\_\_\_\_ Last Level Completed \_\_\_\_\_

When \_\_\_\_\_ Area of Study \_\_\_\_\_

**More About Me:**

How did you learn about Camp Rainbow Connection?

List kinds of work you have done with people with disabilities, especially those with mental retardation and other developmental disabilities.

We are delighted in your interest for leadership with Camp Rainbow. Please explain what draws you to offer your services. Include where you are on your faith journey and how willing you would be to share your faith with a camper and family/caregiver. Use a separate sheet if needed.

Are there reasons (physical restrictions, health limitations, time conflicts, etc.) you may have difficulty performing any of the essential elements of the camp program? Are there any special needs you may have for this camp week?

**Covenants:**

As a Christian leader at camp, you will be a role model for campers and a member of a diverse Christian community. Are you willing and able to refrain from the use of tobacco products, alcoholic beverages, illegal drugs, sexual misconduct, abuse of any kind, offensive and non-inclusive language during camp?

Yes     No    If no, please explain:

Materials will be prepared for leaders to assist them in the execution of the program and to help them understand policies and procedures. Will you read and become familiar with these printed materials?

Yes     No    If no, please explain:

Training for leaders will be held to familiarize them with the camp and offer new skills for working with and understanding campers. Training is required for new staff members. New youth staff (age 18 and younger) must attend the April training session. Which training session will you attend?

March 14, 2020     April 4, 2020

Which camp session(s) will you attend?     June 20-26, 2020     July 25-31, 2020

Part of being a Christian leader is our commitment to walk in the footsteps of Christ. Will you strive to grow in your own faith and discipleship and conduct your life in the context of the camp to be an example of the Christian faith?

Yes     No    If no, please explain:

Campers and staff are "buddied" together for the week of camp. Usually, all staff counselors have one or two campers in their room. You will be called upon to assist with proper supervision of campers at all times. During class activities, you will work in your class or activity and your camper will be supervised by those leading the activities in which he/she is involved. You are expected to be a full participant in all activities. Attendance is required at all sessions and events. All of this requires a level of physical stamina which only you can evaluate for yourself. Understanding these demands, do you agree to be a willing, able, and eager participant in the entire week of residential camp for youth and adults?

Yes     No

*If you select "NO" or if you have physical health challenges which may limit your ability to fully care for yourself and campers, please reconsider your ability to participate in this year's camp.*

**Disclosures:**

In keeping with the Virginia Conference UMC Child, Youth, and At-Risk Adult Protection Guidelines, please respond to the following questions. All answers are confidential and maintained by the Office of Leadership and Inclusivity solely for use with Camp Rainbow Connection.

Have you ever been convicted of any felony offenses (includes sexual misconduct, abuse of any kind, driving convictions)?

Yes     No    If yes, please explain:

Because of the possibility of transporting campers, have you been convicted of any misdemeanors involving automobiles, including driving under the influence?

Yes     No    If yes, please explain:

Have you ever been convicted of any crime of violence?

Yes     No    If yes, please explain:

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of any kind or any age victim?

Yes     No    If yes, please explain:

Have you ever been subject to any court order involving sexual or physical abuse of a minor or an adult, including but not limited to a domestic order of protection?

Yes     No    If yes, please explain:

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes     No    If yes, please explain:

Anything else you need to disclose:

### **Confirmation**

I understand that:

- The information which I have provided on this form is subject to verification, which includes a national criminal records screening completed every five years by the Virginia Conference of The United Methodist Church. An application to serve as a staff member is not considered complete until necessary criminal records screening results are on file.
- The camp may deny a leadership opportunity to any person who fails to provide requested information in this application or who answers any of the disclosure statements in the affirmative.
- The camp may terminate volunteer service of any person:
  - Found to have a history of complaints of abuse of a minor and/or at risk adult.
  - Found to have resigned, been terminated or been asked to resign from a position, either paid or volunteer, due to complaint of sexual or physical abuse.
  - Found to give false information on this application form.
  - Who fails to place the expected priority on the needs of campers during camp sessions or exhibits behavior detrimental to the mission of Camp Rainbow Connection.
- **An application fee of \$50 per individual (with a \$100 family maximum) is required annually from staff members to offset the cost of the national background check and camp costs.** Please contact the Office of Inclusivity and Lay Leadership Excellence if this requirement presents a hardship. Checks should be made to the "Virginia Conference UMC" with *Camp Rainbow Connection* in the memo line.

By signing this form, I attest to the fact that the information I have provided is truthful.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if applicant is under 18: \_\_\_\_\_

Please complete and return this form to:  
**Camp Rainbow Connection**  
**Virginia Conference of The United Methodist Church**  
PO Box 5606  
Glen Allen, VA 23058  
Email: StacyRoberts@vaumc.org

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A  
CRIMINAL RECORDS SCREENING**

The Virginia Conference of The United Methodist Church and boards, commissions, and agencies under its organization are responsible for ensuring a safe environment at any and all Conference events on behalf of children, youth and at-risk adults. To this end, the Conference has implemented a "Child/Youth/At-Risk Adult Protection Policy" in order to:

- 1) Establish reasonable procedures to reduce the risk of physical, emotional and sexual abuse of our children, youth, and vulnerable adults as they participate in Conference events;
- 2) Protect our children, youth, and vulnerable adults; and
- 3) Protect our staff and volunteers from false allegations of misconduct.

All new and returning volunteers, including camp staff members, child care, and youth workers, must have a criminal records screening repeated every five (5) years or three years (3) as required by Federal law for volunteers of Emergency Response Teams.

I understand and agree to the following:

- 1. A background check is not only for the benefit of the Virginia Conference UMC as a sound practice, but also for the benefit of all who participate in ministry programs. It is no reflection on an applicant. I have read, understand, and signed the separate Disclosure concerning my rights.
- 2. All reports are confidential, and provided to Virginia Conference UMC for the purpose of service within ministry settings only. If required as part of the screening, consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
- 3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190<sup>th</sup> Street, Torrance, CA 90504.
- 4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to the Virginia Conference UMC or Screening One.
- 5. I further release all of the above, including the Virginia Conference UMC and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
- 6. I agree that a copy or fax of this document shall be as valid as the original.
- 7. The information contained on this authorization/release form is true and correct and that my application or service may be terminated based on any false, omitted, or fraudulent information.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Social Security Number

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
Former Names                      Date(s) of Name Change(s)

\_\_\_\_\_  
Name on Drivers License                      Driver's License or I.D. Number                      State of Issue

**PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED  
FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES**

CURRENT:

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FORMER:

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FORMER:

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FORMER:

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FORMER:

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FORMER:

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FORMER:

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**DISCLOSURE**

In keeping with the Child/Youth/At-Risk Adult Protection Policy adopted by the Virginia Conference of The United Methodist Church, any staff member or volunteer 18 years of age or older who is not covered by Virginia Conference employment policies will complete the necessary forms for a criminal records check and permit transmittal of the official written results of this check directly to the Conference Office sponsoring the program. Procedures for payment will be established by each individual Board, Commission, or Agency.

This policy is a practice that protects everyone by helping to promote safe and secure ministry settings. Inquiries are limited to information that affects task performance and ministry setting needs. The background screening is conducted in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA) as applicable. The screening will be conducted by Screening One, Inc., an outside agency.

1. The report consists of information deemed to have a bearing on service within ministry settings of the Virginia Conference UMC, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning driving record, civil and criminal court records, credit, identity, past addresses, and social security number.
2. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact Company or Screening One, Inc. at (888) 327-6511, or at 2233 W. 190<sup>th</sup> Street, Torrance, CA 90504.
3. Before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under the title, as prescribed by the Federal Trade Commission section 609(c)(3).

I, \_\_\_\_\_, hereby consent and authorize the Virginia Conference UMC and/or Screening One, Inc. on the Conference's behalf, to prepare each report as defined above for the purposes of service within Conference ministry settings before the time of service begins or at any time during the term of service.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_