

In the spaces provided please indicate the position(s) for which you are applying.

West River Center		
<input type="checkbox"/> Program Resource	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Summer Nurse	<input type="checkbox"/> Water Safety Instructor	<input type="checkbox"/> Cook
<input type="checkbox"/> Day Camp Counselor	<input type="checkbox"/> Sailing Resource	<input type="checkbox"/> Kitchen Aide
Manidokan Camp and Retreat Center		
<input type="checkbox"/> Program Director	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Program Resource	<input type="checkbox"/> Van Driver	<input type="checkbox"/> Cook
<input type="checkbox"/> Summer Nurse		<input type="checkbox"/> Kitchen Aide
Please mark here <input type="checkbox"/> if you would like to be considered for both sites.		

Rate your level of skill and experience in the following areas

1 signifies no skill or experience, 10 would signify relevant certification(s) (please include details if applicable)

Water Activities: including but not limited to swimming, sailing, rafting, canoeing, kayaking, power boating.

1 5 10

Group Management: group games, small group, Bible study, child care, coaching, trip leadership, et al.

1 5 10

Nature Education Programming: natural science education, plant/animal identification, hiking, fishing, et al.

1 5 10

Worship Leadership: theology/Biblical literacy, choir/band, drama, song leader, public speaking, et al.

1 5 10

Outdoor Activities: coaching, high/low ropes, archery, sports medicine/safety, et al.

1 5 10

Indoor Activities: fine arts, drama, music, arts and crafts, photography, videography, et al.

1 5 10

Technological Aptitude: Power Point, video/music editing, social media, Excel, et al.

1 5 10

Relevant Certifications	Expiration Date	Issuing Agency
Driver's License		
Boater's License		
First Aid		
CPR		
Archery		
Lifeguarding/WSI		
Other		
Other		
Other		

Please answer the following questions:

(use additional sheets as necessary)

1) How will your gifts and experiences help you to be successful in this job?

2) In what ways do you expect to be challenged by this job?

3) How will our youth and young people benefit from your presence?

4) How will you benefit from working with us, this summer?

5) What does it mean, to you, to work in a summer ministry?

West River United Methodist Center

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Phone: 410-867-0991

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Manidokan Camp and Retreat Center

1600 Harpers Ferry Rd. Knoxville MD 21758

Phone: 301-834-7244

Director@Manidokan.com

CHILD ABUSE/SEXUAL MISCONDUCT QUESTIONNAIRE

(Please write your answer at the end of each question. Use more space if necessary.)

1. Have you ever filled out this questionnaire for this church or agency? ____ Yes ____ No
If no, please answer questions 2-9 below.
If yes, give date: _____. Name of Church/Agency _____
Have any answers changed since you filled out that copy?
If no, please sign and return this form. If yes or if you are unsure, please answer questions 2-9.
2. Have you ever been accused in a written signed statement, of sexual misconduct with a child or youth?
3. Have you ever been accused in a written signed statement, of sexual misconduct with an adult?
4. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?
5. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?
6. If your response to any of the foregoing questions is yes, please provide all details regarding each accusation that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct and the name of your employer at the time of the alleged misconduct.
7. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g. indictment, arrest, trial, etc.) ? If so, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings). Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? If so, please provide the same details with respect to each proceeding.
8. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?
9. Please provide three references (names, addresses, phone numbers) of persons, who are not related to you by blood or marriage and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth and adults. **(If you wish to use the references listed on the previous page, please indicate.)**

____ I verify that the answers I have provided on this application are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this form, will result in my being denied the position for which I am being considered. I also understand and give permission for the Retreat and Camping Ministries of the Baltimore Washington Conference to run a required background check.

If under 18, a parent or guardian must also sign.

Signature _____

Date _____

Parent or guardian signature (*if under 18*) _____