

# Staff/Counselor Application

## Music & Arts Week

**\*\*All persons wishing to participate as a staff member or counselors at Music & Arts Week must complete this form in its entirety to be considered for a position at Music & Arts Week\*\***

### Applicant Information

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Name as it Appears on Driver's License \_\_\_\_\_ Social Security Number \_\_\_\_\_

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Please list other names you may have previously used (maiden name, ect.) \_\_\_\_\_

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Permanent Street Address \_\_\_\_\_ Suite/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Current Street Address (if different) \_\_\_\_\_ Suite/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Date of Birth (mo/day/yr) Home Phone Cell Phone

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Current Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please check the box next to the position you are interested in working at Music and Arts Week.

Staff Member     Children's Counselor     Youth Counselor     Other \_\_\_\_\_

Do you have First Aid or EMT Training?  Yes  No Specify: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have CPR Training?  Yes  No Specify Kind: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any physical or medical conditions we should be made aware of?  Yes  No

If so, please explain below: \_\_\_\_\_

### Emergency Contact Information

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Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

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Street Address \_\_\_\_\_ Suite/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**Background Information**

In working with or in your relationship with children and/or youth, have any of your actions ever been questioned for the possibility of child abuse or molestation?

- Yes
- No

Have you ever been convicted of a misdemeanor or felony within the last 7 years (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or for the operation of a motor vehicle)?

- Yes
- No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything that will prevent you from performing the essential functions of the position for which you are applying, with or without reasonable accommodation?

- Yes
- No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your current *employment or education* status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the church or campus ministry you currently attend: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Camp Experience**

Have you ever been a camper at Camp Sumatanga before?  Yes  No

If so, when? \_\_\_\_\_

Have you ever been a Counselor or Staff Member at Camp Sumatanga before?  Yes  No

If so, when? \_\_\_\_\_

**References**

*Please list three references of non-related individuals who have known you for at least one year. Please include all telephone numbers and addresses as directed. If you have a current resume, please attach a copy to this packet.*

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Reference Name		Relationship & Number of years known		
Street Address	Suite/Apt #	City	State	Zip Code
( ) -	( ) -			
Home Phone	Work Phone	Email Address		

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Reference Name		Relationship & Number of years known		
Street Address	Suite/Apt #	City	State	Zip Code
( ) -	( ) -			
Home Phone	Work Phone	Email Address		

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Reference Name		Relationship & Number of years known		
Street Address	Suite/Apt #	City	State	Zip Code
( ) -	( ) -			
Home Phone	Work Phone	Email Address		

Music & Arts Week personnel (paid or volunteer) in direct supervisory roles of campers (staff, counselors, teachers, directors, ect.) must abstain from using alcohol, tobacco products, and illicit drugs while at Camp Sumatanga. Failure to follow this policy may result in discipline, up to and including dismissal from Camp Sumatanga. Will you work at Music & Arts Week at Camp Sumatanga in compliance with this policy?

- Yes
- No

## Background Check Authorization

*Please read the following statement carefully and sign below. This portion of the application must be completed to be considered for a position at Music & Arts Week. All background check materials will be kept on file with Sumatanga Camp and Conference Center and findings will be reported to the Safe Sanctuaries Coordinator for The Fellowship of Music and Worship Arts by a Sumatanga designee.*

I certify that the information provided in this application is true and complete. I authorize Sumatanga Camp and Conference Center to investigate all statements in this application and to secure any necessary information from all employers, references, academic institutions, and other organizations listed above. I also agree to execute any additional written authorizations necessary for Sumatanga Camp and Conference Center to obtain access to and copies of records pertaining to this information. I agree to release any person, company, or other institutions from any and all cause of action that otherwise might arise from supplying Sumatanga Camp and Conference Center with information it may request pursuant to this release.

I understand that any acceptance of my offer to work or volunteer with Music and Arts Week, The Fellowship for Music and Worship Arts, or Camp Sumatanga is contingent upon receipt of satisfactory response to any or all investigations conducted by Sumatanga Camp and Conference Center and I understand that any violation may result in my dismissal as a volunteer or employee.

I, the undersigned, hereby authorize Sumatanga Camp and Conference Center and The Fellowship for Music and Worship Arts to request any record of appropriate law enforcement authorities to release information regarding any record of changes or convictions contained in their files, or in any criminal file maintained on me, whether said file is local, state, or national, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent provided by law. I release said authorities from all liability resulting from such disclosure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

If the applicant is a minor, a parent or legal guardian must sign this application as well.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form by June 1 to:

David Miller  
The Fellowship of Music and Worship Arts  
859 Cotswold Way  
Auburn, Alabama 36832