



# Northward Christian Assembly, Inc.

P.O Box 128, Falmouth, KY 41040

(859) 654-3865

## Faculty Questionnaire Form

Updated: February 2, 2012

You have been asked to serve on the Faculty for Camp Northward. We appreciate your willingness to help in our ministry. It has been necessary that we maintain a yearly record on those working with our children. This record will assist the Dean in his preparation for the week. Please take a few minutes, complete the form below, and return it to the Dean or to the Camp Coordinator as soon as possible, but **no later than 4 weeks before your week of camp.**

**PLEASE PRINT CLEARLY.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Age Range:  18-25  Over 25

Are you an immersed believer in Christ? \_\_\_\_\_ If no, please explain \_\_\_\_\_

Church Membership: \_\_\_\_\_ Church Phone: (\_\_\_\_) \_\_\_\_\_

In what capacities have you served the Church? \_\_\_\_\_

Please list any special talents, if any, that you have. (i.e., playing a musical instrument, song leading, teaching, crafting, etc.)

Are you : First Aid : CPR : AED certified?  
Please attach copies of certificate.

### **PLEASE HAVE YOUR MINISTER SIGN OFF ON THIS SECTION:**

Minister Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the session(s) you will be working: (circle the correct session if there are multiples of the same)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Day Camp ( 1 / 2 )     | <input type="checkbox"/> Junior          | <input type="checkbox"/> Pow Wow ( 1 / 2 / 3 )            | <input type="checkbox"/> LAUNCH (Intermediate)     |
| <input type="checkbox"/> First Timers ( 1 / 2 ) | <input type="checkbox"/> Intermediate    | <input type="checkbox"/> Int Wilderness ( B / G / Mix)    | <input type="checkbox"/> VELOCITY ( Middle School) |
| <input type="checkbox"/> Adventurers ( 1 / 2 )  | <input type="checkbox"/> Jr High         | <input type="checkbox"/> Jr High Wilderness ( 1 / 2 / 3 ) | <input type="checkbox"/> IMPACT (Sr High)          |
| <input type="checkbox"/> HandiCamp Youth        | <input type="checkbox"/> Sr High         | <input type="checkbox"/> Sr High Wilderness Serve         | <input type="checkbox"/> DIG (College)             |
|   | <input type="checkbox"/> HandiCamp Adult | <input type="checkbox"/> Sr High Wilderness               | <input type="checkbox"/> HandiCamp Adult Weekend   |

Staff Assignment: \_\_\_\_\_

By who were you recruited? \_\_\_\_\_

**If you have never served on the faculty at Camp Northward before please list two references:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ What Connection: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ What Connection: \_\_\_\_\_

I have attended Camp Northward before: Years as Camper \_\_\_\_\_ Years as Faculty \_\_\_\_\_

Have you attended any other Christian camps? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Years as Camper? \_\_\_\_\_ Years as a Faculty Member? \_\_\_\_\_

Do you have any health conditions that would be beneficial for the Dean or Medical Staff to know about?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently on any medication?  Yes  No - If yes, please list: \_\_\_\_\_

Do you have any allergies (bee stings, penicillin, food, etc) that the Dean or Medical staff should know about?  Yes  No

Please list: \_\_\_\_\_

Have you been treated for any mental illness, alcohol or substance abuse in the past 5 years?  Yes  No

If yes, Please explain: \_\_\_\_\_

\*\*In case of serious illness, or accident, whom should we contact?

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number: ( \_\_\_\_\_ ) \_\_\_\_\_

In the event of a medical emergency, I give permission for a health care professional selected by the camp management to hospitalize, secure proper treatment for or to order injections, anesthesia or surgery that is necessary for my health.

\*\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have ever you been accused of, convicted of or pleaded guilty to a crime?  Yes  No - If Yes, please explain: \_\_\_\_\_

Were you affected by any situation in your lifetime, which might affect the safety of the children who participate in the programs at Camp Northward?

Yes  No (if you prefer, you may decline to answer this question, or you may discuss your answer in confidence with the coordinator, rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify you from working at camp.)

I have read the Faculty Manual and will abide by all policies of Camp Northward.  Yes  No

Background Check Authorization: Do you give authorization of a background check?  Yes  No

If no, please give reason: \_\_\_\_\_

**Faculty Questionnaire Verification and Release:**

"I realize that Camp Northward is relying on the accuracy of the information I provide on the Faculty Questionnaire form. Accordingly; I attest and affirm that the information I have provided is absolutely true and correct. I authorize Camp Northward to contact any person or entity listed on the Faculty Questionnaire form, and I further authorize any person or entity to provide Camp Northward with information, opinions, and impressions relating to my background or qualifications. I further authorize Camp Northward to conduct a criminal background investigation, to the extent permitted by Kentucky Law. 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 Camp Northward."

\*\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Thank you for assisting us by completing this form. This form will be used for camp business only and is considered confidential.*

**\*CONFIDENTIAL\***

Northward Christian Assembly, Inc.  
Background Check Authorization

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden, if applicable)

Former Name(s) & Dates used: \_\_\_\_\_  
\_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize Northward Christian Assembly, Inc. and its designated agents and representatives to conduct a review of my background causing a consumer report and/or investigative consumer report to be generated for volunteer purposes. I understand that the scope of consumer social security number (readable only until the background is complete); current and previous residences; character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize individual, company, firm, corporation, or public agency (including Social Security Administration and law enforcements agencies) to divulge any and all information, verbal or written pertaining to me, to Northward Christina Assembly, Inc. or its agents. I further authorize the complete release of any records or data pertaining to corporation, public agency, or me, which the individual, company, firm, may have, to include information or data received from other sources.

I hereby release Northward Christian Assembly, Inc. the Social Security Administration, and it's agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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