



# Bridgeport Camp & Conference Center

a Ministry of the

North Texas Conference of The United Methodist Church

## Senior Counselor Application and Background Check Authorization

Camp Dates \_\_\_\_\_ Code \_\_\_\_\_ Age Level:  Children  Jr. High  Sr. High

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ St \_\_\_\_\_

Church Home \_\_\_\_\_ How Long? \_\_\_\_\_ Church Phone \_\_\_\_\_

### Legal History:

1. Are you free of illegal substances and/or abuse?  Yes  No
2. Have you ever been convicted of a criminal offense?  Yes  No
3. Have you ever been arrested or convicted for the use or sale of drugs?  Yes  No
4. Have you ever been hospitalized or treated for alcohol or substance abuse?  Yes  No
5. Have you ever been arrested or convicted of child neglect or abuse?  Yes  No
6. Has your driver's license ever been suspended or revoked?  Yes  No
7. Other than above matters, 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 Campers?  Yes  No

### I, the undersigned, have read the Code of Conduct and understand that:

1. The information that I have provided may be verified by contacting persons or organizations named in this application, and I hereby release and agree to hold harmless from liability any person or organization that provides information concerning me to the Executive Director of Bridgeport Camp & Conference Center of the North Texas Conference of the United Methodist Church.
2. I hereby give my permission for the North Texas Conference to obtain information relating to my criminal history record through the Safe Churches Project website. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/ volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history, and that a procedure is available for clarification if I dispute the record as received.
3. I do for myself, my heirs, executors and administrators, hereby remiss, release and forever discharge and agree to indemnify the Safe Churches Project and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.
4. In signing this application, I swear or affirm that the information that I have given is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please return this form to your camp director:** Director Initials: \_\_\_\_\_ Date: \_\_\_\_\_