Don Bosco Boys Camp

Christ the King Parish

Application For Counselors (16+)

In Compliance With the New Hampshire Code of Administrative Rules (NHCAR)

Name	Date
	Wage
Couns	selors
	lors are "responsible for the direct supervision of campers and the supervision and training of CITs." AR 902.11)
Counse	lors in Training "work directly with campers only under the supervision of a counselor." (NHCAR, 902.12)
	ast 80% of counselors must be 16 or older and be at least 2 years or more older than the campers with whom we working." (NHCAR 904.02)
	Has received comprehensive training from the Director prior to commencing activities with campers.
	Has completed "Not On My Watch" online Diocese Training
	Not listed in the national sex offenders public registry
	Criminal background check reveals no convictions listed in the NHCAR (p. 12)
	Certified First Responder (the camp needs one person with this certification - NHCAR (p.22)
	Certified CPR/FPR (the camp needs one person with this certification - NHCAR (p.22)
	Has submitted proof of physical examination and clearance from a doctor
	If under 18 the parents or legal guardian provided written certification compliant with NHCAR (p.13). If the camp director is sufficiently familiar with the individual he may waive the checking of references NHCAR (p. 13)
	Has presented the necessary identification and completed the required paperwork at the parish office.

Don Bosco Boys Camp Application for Employment as a Counselor

PERSONAL INFORMATION

Full Name :	Date of Birth:	
Permanent Address:		
Home Phone #	Cell #	
E-mail address:		
What school are you presently enrolled in?Year you are now in:		
EMPLOYMI Please explain any previous camp experience you	ENT INFORMATION u have.	
Have you ever been employed by the Diocese, a Yes/No Where and when?	ny Catholic parish or school, or other Catholic agency?	
Please list your last 3 jobs, providing full employ and major job responsibilities: 1. 2. 3.	ver address, phone number, name of supervisor, position	l
REFERENCES: Please provide full names, as They may not be relatives. 1. 2. 3.	ddresses, phone numbers and relationship to 3 reference	s.
SKILLS List activities you have participated in (professio one you liked the most. 1. 2. 3.	onal, social, school, community, and Church). Circle the	
List any other qualifications/certification you ha Qualification	ve (CPR, First Aid, Lifeguard, etc.) Expiration Date	
List any other skills and/or attributes you have t	hat you feel will be beneficial to camp	

YOUR PERSONALITY

What are your strongest qualities?

What personal characteristic would you like to improve?
How would you describe yourself to someone who didn't know you?
What do you perceive to be the biggest responsibility of a counselor?
What is the most important thing you would like campers to learn from you at camp?
Please describe any leadership experience you have had.
What do you anticipate your greatest challenge at camp to be?
Why do you think you should be employed by Don Bosco Boys' Camp?
GENERAL INFORMATION Are you able to commit to the full 2 weeks of camp? Yes/No If not, which weeks are you available for?
Have you read and do you understand the Camp philosophy? Yes/ No
If offered employment, can you submit verification of your legal right to work in the US? (Birth certificate, passport, driver's license) Yes/No
Employment Application Agreement: The facts set forth in my application for employment are true and complete. I understand that if I am employed, any false statement on this application will be considered sufficient cause for dismissal. I understand that if I am hired, I can be terminated at any time, with cause, with or without notice.
Applicant's Signature Date
Printed Name
Parent Signature is required for all staff who are under the age of 18.
Parent Signature Date
I hereby certify that I have received and read a copy of the Don Bosco Employee Handbook.
Employee Date

CONSENT FORM

In the Camp's effort to attract the highest quality of staff, I have been advised that as part of the application process for employment with the Camp, an extensive inquiry will be made concerning my prior employment, activities, character and health, and I fully consent to authorize all such inquiries.

In the event of my employment, I will comply with all the policies set forth in the Staff manual and with other policies established from time to time by the Camp. I acknowledge receipt of a copy of the Staff Handbook and that I have read the book.

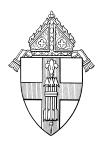
I will submit to the camp a current physical examination report that has been done by a licensed physician showing me to be fit for duty as a camp staff member and free of contagious diseases.

Additionally, I authorize the Camp to request my employment record from any former employer. I further understand that inquires may be made concerning me, my background, experience and prior employment. Yu or your representatives may make inquires or requests to any governmental agency, including law enforcement agencies or departments, or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is my interest that I be considered for employment.

I certify that statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment with the Camp.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND THAT I VOLUNARILY SIGN THIS APPLCAITON.

Signature of Applicant	Date
, , , , , ,	n 18 years old, the counselor's parent or legal guardian lieu of the results specified in Env Wq 900 (b)(1):
1 1,	meets the requirements for erstand that this certification will be relied on by the determining whether to allow the above named minor to
offense involving: (1) Causing or threatening direct physical injury to (2) Causing or threatening harm of any nature to	•
Signature of parent	Date



DIOCESE OF MANCHESTER

P.O. Box 310, Manchester, NH 03105-0310 Tel: 603-669-3100 Fax: 603-669-0377

APPLICATION FOR EMPLOYMENT

Kindly complete this application and return it to the Diocese of Manchester at the above address or to the parish with which you are applying. An incomplete application will eliminate your candidacy. Please note that we comply with all applicable equal employment opportunity laws and do not discriminate in hiring, promotion, or other employment decisions on the basis of race, age, sex, color, pregnancy, disability, veteran status, or national origin.

NAME:									
-	First	Middle	;	L	ast				
ADDRESS:									
_	Street		City		State		ZIP		
TELEPHONE	E:	E-MAIL AD	DRESS: _						
POSITION(S)) FOR WHICH YO	OU ARE APPLYIN	G:						
List all states	in which you have	resided during the	last 5 year	s:					
Are you autho	orized to work in the	ne United States?	Yes	No					
		unctions of the posit mmodation?			applying,				
Have you app	lied for employme	nt here before?	Yes	No	When?				
		y the Diocese, any						No	Where
offenses) that	has not been annu	f a crime (including lled by a court of la idate for employme	w? (Please	e note that a	ın affirmative	answer doe	s not autom	atically disq	ualify you
		involuntarily termi side or attach addit			school, agency	, or organiz	zation? Ye	es No _	_
		en convicted of phy explain on reverse s				sment, or s	exual misco	onduct in any	form?
• •	rental rights ever berbal abuse of a mi	een terminated or h			oject to any co lain on reverse				exual,

	ED	UCATION		
Name of School and Location. Include College, Graduate Work, and Summer Sessions MOST RECENT LAST	Dates A	Attended	Diploma/Degree Conferred (Please indicate MAJOR & MINOR)	Semester Hours Credit Beyond Degree
	From	То		
HIGH SCHOOL:				
UNDERGRADUATE:				
GRADUATE:				

	EMPLOY	MENT	-		
PRESENT AND ALL PRIOR EMPLOYERS including Address and Telephone Number (list most recent first)	POSITION HELD		TES OYED	PLEASE INDICATE FULL-TIME OR PART- TIME (if part-time, # hours per week)	REASON FOR LEAVING
		From Mo/Yr	To Mo/Yr	•	

VOLUNTEER EXPERIENCE

Please list your volunteer experiences with churches, schools, civic, or non-profit organizations (use back if needed).

ORGANIZATION	POSITION	DATES	CONTACT	TELEPHONE AND ADDRESS
1.				
2.				
3.				

OTHER QUALIFICATIONS

In addition to your work history, what other experiences, skills, or qualifications would enhance your candidacy for a position with the Diocese?

REFERENCES

List three people, unrelated to you, one of whom must be a recent employer, who can attest to your qualifications for this position.

NAME	ADDRESS	HOME TEL. NO.		OCCUPATION
			NO.	
1.				
2.				
3.				

CERTIFICATIONS AND AUTHORIZATIONS

Sign where noted to indicate that you have read and understand the statements.

I certify that the above information is true and complete to the best of my knowledge and belief. I understand that any statement I have furnished which is shown to be false when made will be cause for disregard of this application or will be cause for my immediate dismissal if I have been hired.

I understand that if I am employed by the Diocese of Manchester or its parishes, I will be employed on an at-will basis, meaning that either the Diocese of Manchester, the parish, or I will have the right to terminate the employment relationship at any time, with or without notice or cause.

I understand that any employment or offer of employment is contingent on my meeting the employment eligibility requirements of the Immigration Reform and Control Act.

I authorize the Diocese of Manchester and/or the parish with whom I am applying to conduct any and all inquiries that it may deem necessary or advisable to verify the information provided by me and/or to supplement this information. I authorize the Diocese of Manchester and/or the parish to conduct a personal and professional background check for the purposes of my application. The Diocese may contact any references, past and current employers, church, youth organizations, and agencies where I have volunteered, and any individual or organization which might have information relevant to my desired position.

I authorize any former employer, or any other person, firm, corporation, or government agency to provide the Diocese of Manchester and/or the parish with any information concerning me. In addition, I release such employer, person, firm, corporation, or government agency from any previous agreement, verbal or written, which would prohibit the release of information pertinent to my application for employment with the Diocese of Manchester and/or the parish.

If I am hired, I also authorize the Diocese of Manchester and/or the parish to provide truthful information concerning my employment with the Diocese of Manchester and/or the parish to my future prospective employers, and I agree to hold it harmless for providing such information.

I understand, in accordance with church law, that no person who admits or is found to have sexually abused a child can exercise any ministry in the Church and that the Diocese of Manchester has a policy regarding the thorough investigation of all reports of child sexual abuse by any church personnel. I further understand that the Diocese of Manchester cooperates fully with the civil authorities in their investigation of all reports of a crime, including the sexual abuse of a minor.

SIGNATURE OF APPLICANT	DATE OF APPLICATION

Thank You for Your Work with Children & Youth!

All adults who work regularly with minors in the Diocese of Manchester must fulfill the following requirements:

- 1. Complete an application.
- 2. Complete background checks for all states in which you have resided during the past 5 years.*
- 3. Read and acknowledge our diocesan Code & Policy (on paper or online if you choose online training).
- 4. Attend child abuse awareness training (in-person or online).

The forms are available from your parish or school and should be completed before you begin your work with minors (but no later than 30 days after beginning your work).

Training must be completed within 30 days if you are an employee and 45 days if you are a volunteer. There are two options for training:

<u>Live training</u>- The schedule can be found at http://calendar.catholicnh.org/ Online training- Follow the instructions below.

- 1. Go to: www.nhchildsafety.org
- 2. Click on "Register Here."
- 3. Enter the Registration Code: child safety
- 4. Click on "Next" and complete the registration information.
- 5. You are now ready to complete your online training!

^{*} Your name will also be checked on the national sex offender website: www.nsopw.gov



New Hampshire Department of Safety DIVISION OF STATE POLICE Central Repository for Criminal Records 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

IAME					
	Т (М/	AIDEN / ALIAS)	FIRST		MI
DDRESS					
	STREET	CITY		STATE ZIF	CODE
ATE OF BIRTH_		_ HAIR COLOR	EYE COLOR_	s	EX
RIVER LICENSE	NUMBER		STATE		-
ly below signatu s true.	re certifies that I am	the individual listed	d above and that th	ne inform	ation provid
OUR SIGNATUR	E:			DATE	
	E:Signed under	penalty of unsworn falsificati	on pursuant to RSA 641:3		
	ALL OF SEC		nviction(s), if any, to		wing individu
MARY ELL NAME OF PE	horize the release of r EN_D'INTINO ERSON / FIRM TO RE	my criminal record co DIOCESE OF M CEIVE RECORD	nviction(s), if any, to	o the follow	
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MARY ELL NAME OF PE ADDRESS	horize the release of r EN D'INTINO ERSON/FIRM TO RE 153 ASH STREET	my criminal record co DIOCESE OF M ECEIVE RECORD MANCHESTE CITY	nviction(s), if any, to ANCHESTER R NH	the follow	
MARY ELL NAME OF PE ADDRESS YOUR SIGN	horize the release of r EN_D'INTINO ERSON/FIRM TO RE 153 ASH STREET STREET	my criminal record co DIOCESE OF M CEIVE RECORD MANCHESTE CITY	nviction(s), if any, to ANCHESTER R NH STA	the follow (TE DATE	3104 ZIP CODE
MARY ELL NAME OF PE ADDRESS YOUR SIGN NOTARY'S	horize the release of r EN_D'INTINO ERSON / FIRM TO RE 153 ASH STREET STREET IATURE SIGNATURE	my criminal record co DIOCESE OF M ECEIVE RECORD MANCHESTE CITY (Affix Seal)	nviction(s), if any, to ANCHESTER R NH STA	the follow (TEDATE_	2IP CODE
MARY ELL NAME OF PE ADDRESS YOUR SIGN NOTARY'S	horize the release of r EN_D'INTINO ERSON/FIRM TO RE 153 ASH STREET STREET IATURE SIGNATURE Ellen D'Unt	my criminal record co DIOCESE OF M CEIVE RECORD MANCHESTE CITY (Affix Seal)	nviction(s), if any, to ANCHESTER R NH STA	the follow (TEDATE_	2IP CODE
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MARY ELL NAME OF PE ADDRESS YOUR SIGN NOTARY'S SIGNATURE NOTE: A \$28	horize the release of r EN_D'INTINO ERSON / FIRM TO RE 153 ASH STREET STREET IATURE SIGNATURE OF PERSON / FIRM 5.00 fee is required feords.	MANCHESTE CITY (Affix Seal) TO RECEIVE RECORD	nviction(s), if any, to ANCHESTER R NH STA SE OF MANCHES RD ake checks payable	the follow TE DATE DATE TERDATE	2IP CODE (Comm. Exp.)