



SERBIAN ORTHODOX DIOCESE OF EASTERN AMERICA

Shadeland St. Sava Camp

Mail Applications To: St. Sava Camp, c/o Dee Dee Basket, 1704 Vermont Ave, West Mifflin, PA 15122

Counselor Application 2020

Please print clearly. Be sure to include a copy of your driver's license or official photo ID with this application. All counselors are required to have the PA and Federal Child Clearances.

ALL counselors are required to attend the Counselor Orientation, July 10, 2020

The 2020 Camp season will begin Sunday, July 12th through Saturday, August 8th.
All counselors must leave the premises on Saturday, August 8th.

Personal Information:

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email Address: _____

Home Phone: _____

Present Occupation: _____

Birthdate & Age: _____

Emergency Contact: _____

Marital Status: Single Mar-

ried Relationship: _____

Emergency Contact Phone: _____

Are you able to work all (4) weeks of the Camp season? Yes No

If not, what dates are you available?

From _____ to _____

Please list previous camp experience, specify as a camper or staff with dates;

In which of the following areas do you have training or experience?

- Arts & Crafts Music Dance (specify) _____
- Sports (specify) _____
- Languages (specify) _____
- Orthodox Christian Education
- Counseling (degree if applicable) _____
- Certified Water Life Safety (specify) _____
- Water Safety Instructor (list training & date) _____
- Other (specify) _____

Past Employment: (provide full employment history)

<u>Date</u>	<u>Employer</u>	<u>Nature of Work</u>	<u>Reason for Leaving</u>

Education: (Indicate name of institution and level of formal education completed)

High School: _____ Year Graduated: ____

College/University: _____

Yrs. Completed_Major _____

Graduate School: _____

Yrs. Completed_Major _____

Other Schools, Training or Relevant Experience:

Please list special strengths you would bring to this position; ____

Parish Information:

Parish Name : _____

Parish Priest Name: _____ Phone: _____

List all Parish activities that you have participated in; _____

References: Please provide the names and addresses of 2 persons (other than relatives) having knowledge of your character, experience and ability.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
-------------	----------------	--------------

_____	_____	_____
_____	_____	_____

What contributions do you think you can make at camp?

Why do you want to be a Shadeland Counselor?

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I give my consent to St. Sava Camp to perform a background check with the appropriate law enforcement agency.

I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the Camp Director. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant will result in immediate dismissal, regardless of the time of discovery by the Camp Director.

Signature of Applicant: _____ **Date:** _____

I understand that this application will be considered if I am at least 19 years of age; I fully completed the application and submitted a Letter of Recommendation from my Parish Priest and provided the names and addresses/phone numbers of 2 additional references; I submitted a completed health form from my physician with this application; and I agree to the terms and guidelines for Counselors at Shadeland, as listed on the accompanying sheet.

Signature of Applicant: _____ **Date:** _____

Signature of Parish Priest : _____

(Parish Seal Affixed)

Please return to;

Father Vedran Grabic

65 S. Keel Ridge Rd.

Hermitage, Pa 16148

Phone....724-342-1198

email v_grabic@hotmail.com

ST. SAVA CAMP, SHADELAND
Authorization for Background Check and Voluntary Disclosure

Section I: Residential History: Please provide your current and previous addresses of the last seven years, including temporary addresses (school, etc.)

Name: _____

Alias/Other: _____ Date of Birth: _____ Social Security #: _____

(1) Current Address: _____

City/State/Zip: _____

County: _____ Date: _____

(2) Previous Address: _____

City/State/Zip: _____ County: _____ Date: _____

(3) Previous Address: _____

City/State/Zip: _____ County: _____ Date: _____

Section II: Authorization for Background Check:

I hereby authorize St. Sava Camp/Shadeland and the agency or agencies it employs for background services, to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release, indemnify and discharge my prospective employer or other source providing information from any and all claims, liabilities and/or damages arising out of or relating to any investigation of my background for said purposes.

I further authorize ongoing procurement of the above mentioned background services at any time during my employment (or contract). I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Printed Name: _____

Section III: Voluntary Disclosure:

1. Have you ever been Accused, Charged or Convicted of any crime of violence against minors, including but not limited to:

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person, indecent assault and battery on a person who has obtained the age of fourteen.
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of these listed crimes

Yes No If Yes, please explain (use a separate sheet if necessary):

2. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes No If Yes, please explain (use a separate sheet if necessary):

3. Are you subject to any court order involving sexual or physical abuse of a minor, including but not limited to a domestic order or protection?

Yes No If Yes, please explain (use a separate sheet if necessary):

4. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes No If Yes, please explain (use a separate sheet if necessary):

Section IV Have you applied for;

Yes No **Pennsylvania Child Abuse History Clearance**
<https://www.compass.state.pa.us/cwis>

Yes No **Pennsylvania State Police Criminal Record Check**
<https://epatch.state.pa.us/>

Yes No **Disclosure Statement or FBI Fingerprints**
<http://keepkidssafe.pa.gov/cs/groups/webcontent/documents/document/c>

Section V: Agreement:

I understand that:

1. St. Sava Camp/Shadeland may deny employment or volunteer service to any person who answers any of the questions number 1-4 above in the affirmative.

2. In applying for a camp position, the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.

3. St. Sava Camp/Shadeland may terminate employment or volunteer service of any person:
 - a. Found to have a history of complaints of abuse of a minor and/or
 - b. Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
 - c. This disclosure statement must be updated yearly.

Applicant Signature: _____ **Date:** _____

Date Received by Camp

Director Date: _____