

**ELCA Region 3 Camping Network**  
**2481 Como Avenue**  
**St. Paul, MN 55108**  
**(651) 649-0454 ext. 228**  
**ruthbuuck@r3campingnetwork.org**

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**Dear Applicant:**

Thank you for applying to work at one of the outdoor ministry sites in Region 3 of the ELCA. The camp to which you are applying has elected, as part of its standard hiring procedures, to conduct background checks for all prospective staff. Background checks may include, but are not limited to:

- Former employers, internship supervisors and/or volunteer coordinators
  - Disciplinary action
  - Rehire eligibility
  - Sexual misconduct, particularly with a co-worker, minor or vulnerable adult
- Public records
  - County Criminal Registry
  - National Criminal Registry
  - Driver's License
  - Sex Offender Registry
- References
  - Character and abilities

The camp will use the information received through this process to help fulfill its goal of hiring high-quality employees and in so doing, provide camping experiences for children that are fun, meaningful and safe. Therefore, in order to be considered for employment you must complete the following:

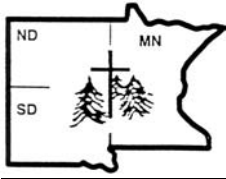
- "Authorization to Release Information" (page 2)
- "Self Disclosure Form" (pages 3 & 4)

Please complete pages 2-4 of this packet and return them with your application. If you have any questions about the procedure, please write, call or e-mail the Camping Network office.

**Self Disclosure Form Directions:**

- Please complete all requested information.
- Please list the counties where you have resided in the last five years.
- Please list all volunteer/internship/employment positions from the last five years.
- If you have previously worked at a camp or with children, list that camp(s) or organization as an employer
- You must give a complete mailing address for each organization.
- Applications without complete, legible information cannot be processed and will be returned to the camp.

For VOLUNTEER positions, please list the name of the agency you volunteered through if it is different than the site where you actually did the volunteer work. (Ex. List Sources of Service-Concordia College rather than Evantide Nursing Home). Also - the name of the supervisor should be a person at the agency, not someone at the site.



## Authorization to Release Information

I certify that the answers given in the accompanying ELCA Region 3 Camping Network Self Disclosure Form are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application, disclosure form or interview may result in discharge.

I understand that the ELCA camp or retreat center to which I am applying or its agent will be investigating my background, references, character, employment, criminal or police records (including those maintained by both public and private organizations) and public records for the purpose of obtaining information which may be material to my qualifications for employment.

I hereby authorize each employer, volunteer entity, and any other person or entity to release all such information to the ELCA Region 3 Camping Network or its agent.

I understand that by releasing this information to the ELCA Region 3 Camping Network or its agent that my employer, former employers, or any person or entity will not be vouching for its accuracy, and I agree not to bring any legal action against my current employer, my former employers, volunteer entities, or any person or entity for their response to the ELCA Region 3 Camping Network or its agent's inquiry.

I further understand and waive my right to privacy in this investigation and release and hold harmless the ELCA camp or retreat center to which I am applying, the ELCA Region 3 Camping Network, its agent, and any person or entity which provides information pursuant to this authorization from any liability.

I authorize the aforesaid parties to treat a photocopy of this release as though it is the original executed copy.

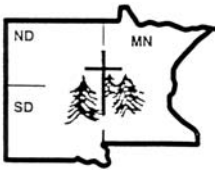
\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

Signature of Parent or Guardian if applicant is under 18 years of age:

\_\_\_\_\_



**Lutherans Outdoors In South Dakota**  
**ELCA Region 3 Camping Network**  
**Self Disclosure Form**

**Please type or print legibly with blue or black ink!**

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address (street, city, state, zip): \_\_\_\_\_

Permanent Address (street, city, state, zip): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Residences last 5 years: (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (dates) \_\_\_\_\_

(city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (dates) \_\_\_\_\_

(city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (dates) \_\_\_\_\_

(city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (dates) \_\_\_\_\_

(city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (dates) \_\_\_\_\_

Driver's License Number and State of Issue: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

College: \_\_\_\_\_ School/Work Phone #: \_\_\_\_\_

**Because of the sensitive nature of our ministry, please answer the following questions:**

- Have you ever been convicted of a felony?  Yes  No
- Have you ever been accused of inappropriate/criminal sexual behavior?  Yes  No
- Have you ever been convicted of criminal sexual conduct?  Yes  No
- Have you ever been or are you currently addicted to illegal drugs or alcohol?  Yes  No

**Please explain all question(s) answered "yes."** \_\_\_\_\_

**Please list all work, internship and volunteer positions within the last five years. Complete all information requested, including an accurate mailing address, even if you have previously worked at an ELCA camp. Applications without complete information cannot be processed and will be returned to the camp.**

Have you worked/volunteered at any ELCA camp in the past five years?  Yes  No  
(If yes, please list name/address of the camp(s) below)

Business/Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Start/End Date of Work: \_\_\_\_\_

Job Title: \_\_\_\_\_

Check One:  Volunteer  Internship  Employee

# Your Name:

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Business/Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Start/End Date of Work: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Check One:  Volunteer  Internship  Employee

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Business/Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Start/End Date of Work: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Check One:  Volunteer  Internship  Employee

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