



Friendship Cares 2011-2012 Staff Application

Current Friendship Cares Staff Member

Returning Friendship Cares Staff Member: Year _____ New Staff

Interested Site: Blow Pierce Chamberlain FSEA/Tech Prep Woodridge

Date of Application: _____ **Email Address:** _____

Name: _____
First Middle Last

Current Address: _____
Street City State Zip Code

Contact Information: _____
Home Phone Cell Phone

Social Security #: _____ **Driver's License/State ID #/State:** _____

Date of Birth: _____ **Shirt Size:** S M L XL 2XL 3XL

Position applying for: After-Care Coordinator Lead teacher Group Leader Asst. Group Leader College Intern Volunteer

EDUCATION ~ Include all educational experiences and certifications. Attach additional sheets of paper if necessary

Name of School	Years Attended	Major/Area of Certification	Diploma/Degree/Certification
			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification
			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification
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			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification

EMPLOYMENT HISTORY ~ List at least the previous two years of employment.

Dates Worked	Employer & Supervisor	Address & Phone Number	Position	Type of Work
	Employer:			
	Supervisor:			

REFERENCES ~ One of the references must be a previous supervisor. The other 2 references CANNOT be a relative or peer and must have knowledge of your character, work experience, & ability.

Name	Email Address	Phone Number	Relationship to Applicant
1)			<input type="checkbox"/> Previous Supervisor <input type="checkbox"/> Personal <input type="checkbox"/> Work
2)			<input type="checkbox"/> Previous Supervisor <input type="checkbox"/> Personal <input type="checkbox"/> Work
3)			<input type="checkbox"/> Previous Supervisor <input type="checkbox"/> Personal <input type="checkbox"/> Work

CERTIFICATIONS/SKILLS

Camp Support Skills: Put an (X) before those items in which you have experience and skill. Put a (C) before those items in which you hold certification that will be **current** through August 2012.

<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	CPR	<input type="checkbox"/>	Food Handler's	<input type="checkbox"/>	RN
<input type="checkbox"/>	EMT	<input type="checkbox"/>	Paramedic	<input type="checkbox"/>	Canoeing/Boating	<input type="checkbox"/>	Ropes Course	<input type="checkbox"/>	Other

Camp Program Skills: Put a (T) before those activities you can teach. Put an (A) before those activities in which you have some experience and could assist. Fill in the blanks with hobbies or skills that could be beneficial to the program.

<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Drama	<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Dance	<input type="checkbox"/>	Music
<input type="checkbox"/>	Football	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Baseball
<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Rock Climbing	<input type="checkbox"/>	Boating/Canoeing	<input type="checkbox"/>	Outdoor Camping
<input type="checkbox"/>	Yoga	<input type="checkbox"/>	Fitness	<input type="checkbox"/>	Health	<input type="checkbox"/>	Fitness & Nutrition	<input type="checkbox"/>	

QUESTIONNAIRE ~ Must be completed

1. Why are you interested in joining the Center for Youth and Family Investment (CYFI), Friendship Cares Before and After-Care Program? Why do you believe you will be an asset to the (CYFI)?

2. As a Friendship Cares team member what would you like to accomplish with your students during the academic school year?

ADDITIONAL QUESTIONS ~ Must be completed

Have you ever been accused of, charged with, or convicted for any crime, including child molestation or any crime endangering a child? Yes No ~ If so, please explain: _____

Have you ever been fired or terminated for cause from any job, or have you ever been suspended or required to withdraw from a school that you have worked in? Yes No ~ If so, please explain: _____

Have you ever been charged with DUI or other motor vehicle offense? Yes No ~ If so, please explain: _____

Please Read and Sign:

I hereby attest to the accuracy of the information I have provided. I authorize the Center for Youth and Family Investment to investigate the statements herein, including background checks, work history, and driving records, and release the Center for Youth and Family Investment, Friendship Cares Before and After-Care Program and all others from any associated liability. I waive my right to review references or recommendation, understanding that their contents are confidential and will not be available to me now or in the future. I understand submitting this application does not guarantee employment. I further understand that Friendship Cares Before and After-Care Program cooperates with authorities to vigorously investigate and prosecute allegations of child abuse. All statements become part of future employee personnel files.

Signature: _____ **Date** _____

The Center for Youth and Family (CYFI) is an equal opportunity employer. Requirements of employment are the same without regard to age, race, color, religion, national origin, gender, sexual orientation, or disability.



Please check this box if form is already on file.

Please answer the following questions completely and sign the declaration on the following page. If additional space is needed, please attach a separate sheet of paper.

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as an employee or volunteer. The Center for Youth and Family Investment reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

1) Have you ever been convicted of a crime?

No Yes

If "Yes," please identify the offense(s); provide the date(s) of the conviction(s), the name of the court, (e.g., Superior Court of the District of Columbia) and the sentence(s) imposed.

2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding?

No Yes

If "Yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty (ies) imposed.

3) Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges?

No Yes

If "Yes," please provide pertinent details to enable The Center for Youth and Family Investment to evaluate, including the charge(s), date(s), jurisdiction(s) and status.



Please check this box if form is already on file.

Background Clearance Consent Form

I hereby authorize and consent to the Center for Youth and Family Investment (CYFI), its agents and employees, to inquire into and undertake whatever background check of me that in its sole discretion deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers or references. I release and hold harmless the Center for Youth and Family Investment, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if the Center for Youth and Family Investment determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or CYFI decides, with or without cause, not to retain me as an employee for whatever reason, the Center for Youth and Family Investment may, without notice or other process, reject my profile to serve as a volunteer.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Today's Date ____/____/____ Signature _____

Printed Name: _____

Home Address: _____

City/State Where Signed: _____

Date of Birth: _____

Social Security Number: _____