 **2017 NEW COUNSELOR PACKET**

**We are excited you’re applying to volunteer with Camp Moja this year!**

**It is very important that you read through this document thoroughly. *Print this document and have it filled out by hand.***

**There are 3 parts to becoming a new counselor.**

1. Complete the Youth Worker Application and Interview
2. Complete a phone interview with one of the directors
3. Complete the online Moja Registration
4. Attend training

**YOUTH WORKER APPLICATION**

**You will need to print the application, fill out by hand, and return to one of the following, before May 1, 2017.**

* **COMMUNITY OF CHRIST MEMBERS** If you are a Community of Christ member you will need to turn in the Children and Youth Worker Confidential Application ONLY (no reference sheets) to your pastor. Once you have completed the Youth Worker Interview with your pastor you will need to email [campmoja@gmail.com](mailto:campmoja@gmail.com) with your contact information. A phone interview will then be set up with one of the directors.
* **NON COMMUNITY OF CHRIST MEMBERS** If you’re not a Community of Christ member you will need to turn in the Children and Youth Worker Confidential Application and 3 completed references by scanning and emailing the packet to: [campmoja@gmail.com](mailto:campmoja@gmail.com). A phone interview will be set up, with one of the directors, after receipt of the documents.

**Page 1–2  to be completed by applicant**

**Date of Application/Date of Birth/Age at Application:** As requested, digits please

**Full name/Address/Telephone:** as requested

**Criminal offense/Department of Social Services record/health constraints:** as requested. If the answer is “yes” to either of the first two questions, you should [*contact legal services immediately*](mailto:legalservices@CofChrist.org) to discuss “special circumstances” or include additional information.

**Congregational Affiliation**: The applicant must fulfill the six-month rule. If not associated with a Community of Christ congregation for six months or more, the person must comply with the following criteria for references:

In addition to the two others, one of these following references must be provided:

* Pastor of the church the applicant attends
* Community of Christ member who has known the applicant longer than 12 months
* A leader of the community where they live who knows them. (e.g. high school principal, doctor, employer)

**Previous experience/gifts:** If the applicant has not had any experience with children/youth, the person must include references of members from the congregation the applicant attends who know them well.

**References: 3 references are required (no relatives).** Full address and contact details must be included in this section. References must be at least 18 and you must have at least one person that is a pastor, boss, teacher, or other professional. A reference form is provided or you may turn in separate letter.

**Applicant’s signature:** A parent’s signature must be completed for anyone younger than 18 at the time of application. **Electronic signatures are not permitted.**

(*Pages 3-5 will be filled out by the camp staf/pastor f after speaking to all 3 references and conducting the interview.)*

**MOJA REGISTRATION**

Once you have completed the Youth Worker Application interview (with your COC pastor or camp director) you will complete a camp interview with one of the directors. Once these interviews are complete and you are committed to attending camp, you will go to the registration form on campmoja.org. (Please note that this will not be available until March.)

**NEW COUNSELOR TRAINING**

As a new counselor you will be expected to attend training the afternoon of Tuesday, June 20. More information will come regarding this, however the current start time is scheduled to be at 1:30 PM.

*If you have any questions please email* [*campmoja@gmail.com*](mailto:campmoja@gmail.com)*.*

***CAMP MOJA NEW COUNSELOR FORMS***

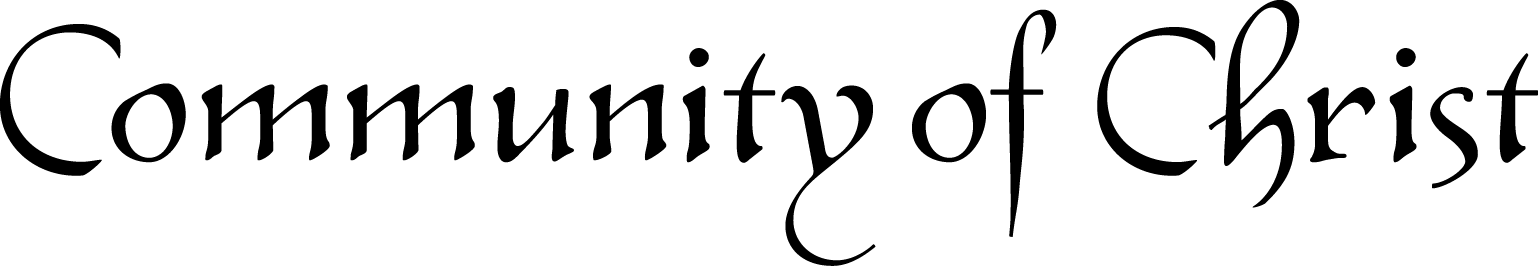
*Please include this page if emailing* [*campomoja@gmail.com*](mailto:campomoja@gmail.com)*.*

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* *Print this packet. It must be filled out* ***IN PRINT ONLY****, not electronically.*
* *Fill out pages 1 & 2 of the Children and Youth Worker Confidential Application (next two pages).*
* *If under 18, be sure your parents have signed the application as well.*
* *Have 3 adult, non-family members fill out the reference forms (only if you are a non-COC member).*
* *COC members - Turn in the application with only to your Community of Christ pastor.*
* *Non-COC members – Email this packet (starting with this page) to* [*campmoja@gmail.com*](mailto:campmoja@gmail.com)*. Be sure to have all information included in the same email starting with this page.*



Children and Youth Worker Confidential Application

*This application is to be completed by all people wishing to serve in* ***any*** *position with the Community of Christ that involves direct contact with children or youth. The intent of this application is to help the church provide a safe and secure environment for young people who participate in ministry and to assist applicants and church leaders in identifying and utilizing gifts and skills of the applicant.*

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(\*Please ensure submission is no longer than 6mths from completion date)*

Full Name: *(Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(First)\_\_\_\_\_\_\_\_\_\_\_\_\_(Middle)\_\_\_\_\_\_\_\_\_(Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Contact *(Include Area Code)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, please indicate the date and nature of the offense. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been or are you currently under investigation by the Department of Social Services (or any equivalent department/agency) for child abuse and/or neglect or any criminal activity involving a minor?

Yes  No

If yes, please indicate the date and nature of the record. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that the church will contact the appropriate agencies if I have answered “yes” to either of the two previous questions, and I give my permission for them to do so.*

Name of congregation/church where you regularly attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a Community of Christ congregation?  Yes  No Current Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor’s E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the name, city, and state/province of other congregations you have attended regularly during the past five years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List previous experience working with young people.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any gifts, training, education, or other factors that have prepared you for children and youth ministry.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

last updated:2.13.13 KW Page 1 of 5

Personal References

***No relatives please / If applicant is not affiliated with Community of Christ for more than 6months please consult administrator***

**Reference #1 Reference #2**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province:\_\_\_\_\_\_\_\_\_\_\_\_\_Zip/Postal Code:\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_\_\_\_\_Zip/Postal Code:\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference #3**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province:\_\_\_\_\_\_\_\_\_\_\_\_\_Zip/Postal Code:\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Applicant’s Statement

I authorize any references or organizations listed in this application to give you any information they may have regarding my character and fitness for children and youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the rules and regulations and policies of the Community of Christ, and to act in accordance with those, in the performance of my services on behalf of the church.

I hereby attest and certify that I have never been convicted of nor pled guilty to: child abuse, endangering children, gross sexual imposition, sexual imposition, voyeurism, public indecency, any offense of violence, or any existing or former offense of any municipal corporation, any state, United States, or any other nation that is substantially equivalent to any of the above offenses. *(If you have been convicted of or pled guilty to any of the above offenses and wish to explain the circumstances therof, please do so on a separate sheet.)* I further certify that I have never been discharged from employment or a volunteer position because of any activity covered by the foregoing.

I hereby authorize any present or former employer, person, firm, corporation, physician, or government agency to answer any and all questions and to release or provide any information within their knowledge or records, and I agree to hold any and all of them harmless and free of any liability for releasing any truthful information that is within their knowledge and records. I further authorize the Community of Christ to conduct a check of my police criminal records and agree that I will fully cooperate in providing all information and signing all documents necessary to conduct such a check.

I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal if I am already serving in a children- and youth-related position.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

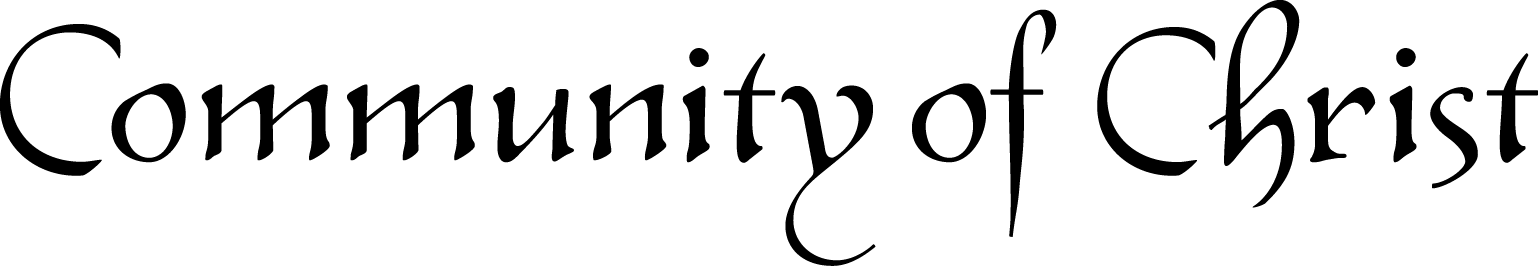
Parent/Guardian Signature\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*if applicant is under 18 years of age

***Please submit this form to your Community of Christ pastor***

***or other appropriate jurisdictional officer for processing.***

last updated:2.13.13 KW Page 2 of 5



**Record of Contact** **with Children and Youth Workers Applicant’s References:**

**Confidential Information*:* All sections must be completed**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Applicant’s Name*

**First Reference**

Person contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friend/member/other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of time applicant known\_\_\_\_\_\_\_\_\_\_\_\_

*(Must be more than 6 months*)

Method of contact:  Telephone  Letter  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person making contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference’s comments about applicant were  favorable  guarded  unfavorable

Summary of reference’s comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Reference**

Person contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friend/member/other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of time applicant known\_\_\_\_\_\_\_\_\_\_

*(Must be more than 6mths*)

Method of contact:  Telephone  Letter  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person making contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference’s comments about applicant were  favorable  guarded  unfavorable

Summary of reference’s comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Third Reference**

Person contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friend/member/other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time applicant known\_\_\_\_\_\_\_\_\_

*(Must be more than 6mths)*

Method of contact:  Telephone  Letter  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person making contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

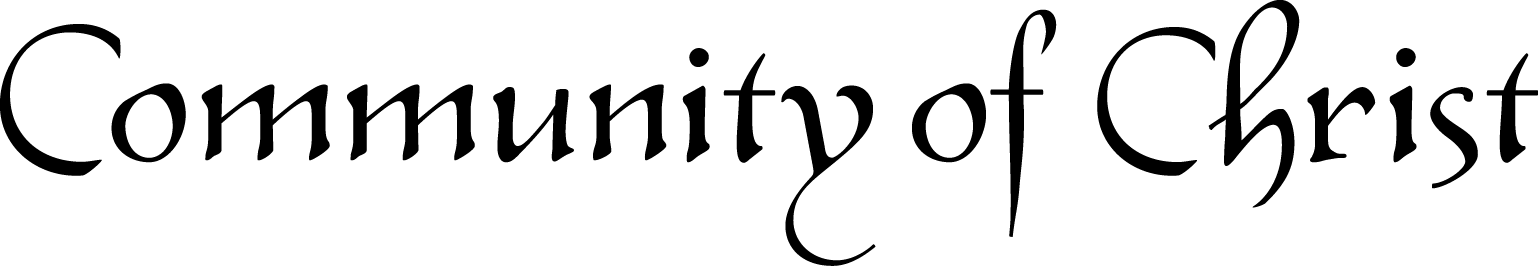
Reference’s comments about applicant were  favorable  guarded  unfavorable

Summary of reference’s comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person filing this report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

last update 2.13.13 KW Page 3 of 5



Statement of Personal Interviewer

*Confidential Information*

All children and youth worker applicants must be interviewed by the appropriate church officer, or the person designated to do so by that officer. Before the interview, the interviewer needs to review the Application and the applicant’s Record of Contact. The following questions are examples of questions that should be included in the interview.

* What do you feel are your strong points as a children and youth worker?
* What do you feel are your weak points?
* What experience have you had working with young people?
* Summarize your experience with the church.
* How do you feel about receiving training that will help you become a more effective worker?
* Why do you want to be a children and youth worker?
* Describe your involvement in church children or youth programs as you were growing up.
* As you were growing up, did you face any problems that you feel may impact your ministry?
* How do you and your family feel about giving the necessary time to children or youth work?
* How do you feel about being a role model for young people?

I have interviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and reviewed the references.

*Applicant’s Name*

***I recommend***. To the best of my knowledge I find the applicant to be of good character and to possess the qualities needed to serve as a children and youth worker in the Community of Christ.

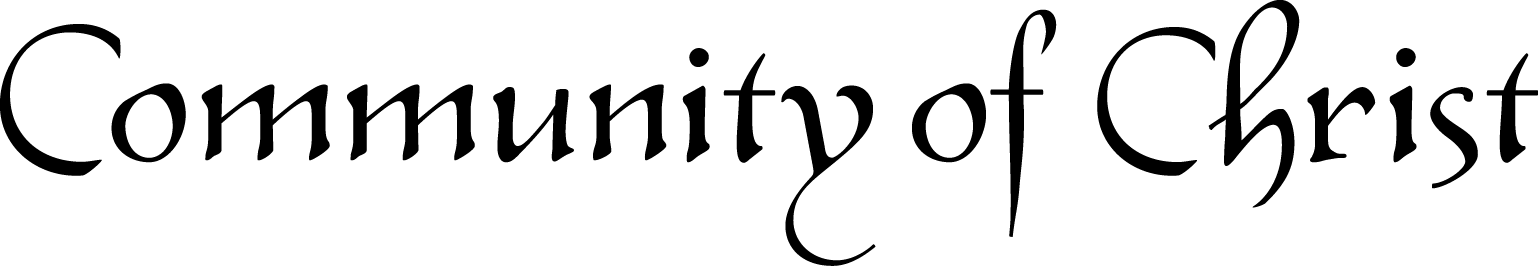
***I cannot recommend*** this individual as a children and youth worker in the Community of Christ.

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print interviewer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

last updated: 2.13.13 KW Page 4 of 5



Statement of Church Officer

*Confidential Information*

I have reviewed the Application, Record of Contact, and Statement of Personal Interviewer for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant’s Name*

***I recommend.*** To the best of my knowledge I find the applicant to be of good character and to possess the qualities needed to serve as a children and youth worker in the Community of Christ.

***I cannot recommend*** this individual as a children and youth worker in the Community of Christ.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* Signature of Church Officer ( may / may not be as previous)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Name*

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Church Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State or Province/Zip or Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Mission Center President or Mission Center Financial Officer

*(\*signature required, even if it is the same person as above)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

Mission Center:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Best practice dictates different officers if possible**.

last updated: 2.13.13 KW

Page 5 of 5

***CAMP MOJA 2017 REFERENCE FORM***

Camp MOJA is a unique summer camp for children and adults with intellectual disabilities. Camp MOJA not only fulfills campers emotional and recreational needs, buts also encourages and promotes many social skills. Camp MOJA is a non-for-profit organization staffed by volunteers for a week during the summer. Camp counselors place the wants and needs of each camper as the “number one” priority for the week.

This reference form is for the applicant to become a certified youth worker, and allow them to work in camp counseling position this summer. Counselors spend the week working directly with the campers during their daily activities and are provided a selfless experience that is memorable not only for the campers, but for them as well.

Please fill out the entire form ***IN PRINT*** and have the applicant return it to campmoja@gmail.com If you have any additional questions/comments you may contact Cris Dykeman, Camp Director, at 912.655.9787 or at campmoja@gmail.com. Thank you!

Your Name:

Contact Number: Email:

Your occupation:

How long have you known the applicant? (must be at least 6 months)

How do you know the applicant? (must not be a relative)

How would you describe the applicant?

Do you feel the applicant is qualified to assume the responsibilities of a counselor? Why or why not?

Do you feel the applicant is a good role model for children/youth/adults with intellectual disabilities? Why or why not?

Please provide any additional information that may help us during the applicant’s interview. (Please attach additional sheets as needed.)

***CAMP MOJA 2017 REFERENCE FORM***

Camp MOJA is a unique summer camp for children and adults with intellectual disabilities. Camp MOJA not only fulfills campers emotional and recreational needs, buts also encourages and promotes many social skills. Camp MOJA is a non-for-profit organization staffed by volunteers for a week during the summer. Camp counselors place the wants and needs of each camper as the “number one” priority for the week.

This reference form is for the applicant to become a certified youth worker, and allow them to work in camp counseling position this summer. Counselors spend the week working directly with the campers during their daily activities and are provided a selfless experience that is memorable not only for the campers, but for them as well.

Please fill out the entire form ***IN PRINT*** and have the applicant return it to campmoja@gmail.com If you have any additional questions/comments you may contact Cris Dykeman, Camp Director, at 912.655.9787 or at campmoja@gmail.com. Thank you!

Your Name:

Contact Number: Email:

Your occupation:

How long have you known the applicant? (must be at least 6 months)

How do you know the applicant? (must not be a relative)

How would you describe the applicant?

Do you feel the applicant is qualified to assume the responsibilities of a counselor? Why or why not?

Do you feel the applicant is a good role model for children/youth/adults with intellectual disabilities? Why or why not?

Please provide any additional information that may help us during the applicant’s interview. (Please attach additional sheets as needed.)

***CAMP MOJA 2017 REFERENCE FORM***

Camp MOJA is a unique summer camp for children and adults with intellectual disabilities. Camp MOJA not only fulfills campers emotional and recreational needs, buts also encourages and promotes many social skills. Camp MOJA is a non-for-profit organization staffed by volunteers for a week during the summer. Camp counselors place the wants and needs of each camper as the “number one” priority for the week.

This reference form is for the applicant to become a certified youth worker, and allow them to work in camp counseling position this summer. Counselors spend the week working directly with the campers during their daily activities and are provided a selfless experience that is memorable not only for the campers, but for them as well.

Please fill out the entire form ***IN PRINT*** and have the applicant return it to campmoja@gmail.com If you have any additional questions/comments you may contact Cris Dykeman, Camp Director, at 912.655.9787 or at campmoja@gmail.com. Thank you!

Your Name:

Contact Number: Email:

Your occupation:

How long have you known the applicant? (must be at least 6 months)

How do you know the applicant? (must not be a relative)

How would you describe the applicant?

Do you feel the applicant is qualified to assume the responsibilities of a counselor? Why or why not?

Do you feel the applicant is a good role model for children/youth/adults with intellectual disabilities? Why or why not?

Please provide any additional information that may help us during the applicant’s interview. (Please attach additional sheets as needed.)