

# APPLICATION CHECK LIST

\* You need to have each of these items checked off before sending the completed forms back to Camp.

Please ensure all forms are signed where needed by either yourself or parent (if you are under 18). For minor staff, please ensure you have the last box also checked. **For the Federal and State forms, please go directly to their website, or follow the links from Camps website (Under “Work at Camp”) to their current forms.**

**Federal W-4 Form**

**State W-4 Form** Either Michigan or Indiana only. If you are a resident of any other state, please fill out the State of Michigan W-4 form

**Federal I-9 Form** Please read the instructions clearly of what **THEY** require for proof of ID. **Please make clear copies of these ID’s and send them in with this form.** If you have any questions or concerns at all, please call us at Camp (616) 784-1404.

**The Salvation Army Statement of Applicant for Employment involving working with Children** (Please ensure someone has signed the witness portion on page 2. and that your personal references are listed with Phone Numbers)

**Consent to Test OR Declination Statement Form** You are only required to fill out **1** of these forms based on your decision to consent or decline. At any stage you can change your mind and fill out a new form.

**Drug Free Work Place Policy Agreement**

**Drivers Application** (Over 18 Applicants only with clean driving records)

**ABSO Form (Disclosure and Release of Information Authorization)**  
(If you have any questions regarding this form, please **contact us** at Camp.)

**Staff Health Form** For minor staff please also included copies of Immunization Record and Insurance card.

**Employee Job Description** Read carefully and sign/date form.

**Work Agreement** Read carefully and sign/date form.

**History Consent Form** Michigan consent form for Background Checks

**Minors Work Permit** Form to be generated by your school.\* **If you have just completed High School and are under 18, you are NOT required to fill out this form.** If you have any difficulties in obtaining this document, please let us know.

\*Please **DO NOT** send in your Employee Packet until you can **CHECK EACH** of these items. Once **ALL** papers are complete, please send them to:

Att: Operations Manager  
Little Pine Island Camp  
6889 Pine Island Dr. NE  
Comstock Park, MI 49321

\* **These forms MUST be returned to us no later than April 15th. Failure to comply may result in delay of your preferred start date with us.**

## DRIVER APPLICATION FORM

**To be completed by:** 1) Anyone applying for the privilege of driving a Salvation Army owned vehicle or 2) anyone who will be required to use his/her personally owned vehicle on a regular basis for The Salvation Army.

WESTERN MICHIGAN & NORTHERN INDIANA  
1215 E. Fulton St.  
Grand Rapids, Michigan 49503  
(616) 459-3433

### ALL INFORMATION MUST BE ACCURATE AND LEGIBLE

I. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Years driving experience: \_\_\_\_\_  
 Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_  
 Class of License: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Years in State: \_\_\_\_\_

- II. A. Have you ever had your license suspended or revoked? \_\_\_ Yes \_\_\_ No
- B. Have you ever been convicted of a felony (involving use of motor vehicle) or major violations, e.g. hit-skip, driving under the influence of alcohol or drugs, driving under suspension, fleeing the police, etc? \_\_\_ Yes \_\_\_ No
- C. Has a financial responsibility filing been made for you? \_\_\_ Yes \_\_\_ No
- D. Do you have any physical/medical impairments? \_\_\_ Yes \_\_\_ No  
 Furnish details to all YES answers here: \_\_\_\_\_

### III. LIST ALL ACCIDENTS AND VIOLATIONS WITHIN THE PAST 36 MONTHS

Note: All accidents are chargeable, unless proof of non-chargeability is furnished. Proof may be in the form of police report, letter from insurance company, or by any other documentation which proves non-chargeability. Non-chargeable accidents are only those for which A) you were not cited, B) neither you nor your insurance company made payments for damage of injury, C) you did everything reasonably possible to prevent the accident, or D) total damages were less than \$500.

Date of Accident/Violation	Description of Accident/Violation	Place of Occurrence	Bodily Injury Yes/No	Property Damage Amount

### IV. Applicant's Statement

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these are offered in compliance with requirements for the privilege of operating a motor vehicle for The Salvation Army. I hereby authorize The Salvation Army to obtain a transcript of my driving record from the State Motor Vehicle Department.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Salvation Army Location Driving For **Little Pine Island Camp**

## CONSENT TO TEST EMPLOYEE STATEMENT

I understand that due to my exposure to blood or other potentially infectious materials while working at *Little Pine Island Camp*, I may be at risk of acquiring hepatitis B virus (HBV) or HIV infection. I also understand that this facility will conduct a confidential post-exposure evaluation and medical follow-up at no charge to me. I hereby consent to the testing of my blood for hepatitis B infectivity. I understand that results of these tests will be made a part of my confidential medical record and a copy will be made available to me;

By my signature and date here (signature) \_\_\_\_\_ (date) \_\_\_\_\_, I also agree to the testing of my blood for HIV infectivity. I understand that these tests will be conducted by an accredited laboratory at no cost to me. If I do not give consent at this time for HIV testing, I understand that my blood sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, I elect to have the baseline sample tested for HIV by signing and dating this paragraph, such testing will be done as soon as feasible.

I further understand that, if consent is obtained from the source individual, testing of the source individual's blood for hepatitis B and HIV infectivity will be conducted. Results of these tests will be made available to me.

Signature: \_\_\_\_\_

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

## DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials at *Little Pine Island Camp*, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: \_\_\_\_\_

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

# EMPLOYEE HEALTH FORM

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: M F

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ ST/PROV.: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

## EMERGENCY CONTACT

PARENT or GUARDIAN: \_\_\_\_\_ DAY PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EVENING PHN: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ ST/PROV.: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

## PHYSICIAN INFORMATION

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

PLEASE ATTACH A COPY OF HEALTH INSURANCE CREDENTIALS TO THIS FORM.

## HEALTH HISTORY

(Check - giving appropriate dates of last incident)

Bleeding/Clotting Disorder \_\_\_\_\_

Heart Defect/Disease \_\_\_\_\_

Convulsions/ Epilepsy \_\_\_\_\_

Hypertension \_\_\_\_\_

Diabetes \_\_\_\_\_

Mononucleosis \_\_\_\_\_

Attention Deficit Disorder \_\_\_\_\_

Frequent Ear Infections \_\_\_\_\_

Hernia/Chronic Back Problems \_\_\_\_\_

ALLERGIES: Asthma \_\_\_\_\_

Poison Ivy, Oak ... \_\_\_\_\_

Hay Fever \_\_\_\_\_

Other \_\_\_\_\_

Insect Repellent \_\_\_\_\_

Insect Bites/Bee Stings \_\_\_\_\_

Please explain other: \_\_\_\_\_

Drug Reactions/Allergies: \_\_\_\_\_

Dietary Modifications / Food Allergies: \_\_\_\_\_

Operations / Serious Injury (dates & types): \_\_\_\_\_

Disability / Chronic / Recurring Illness: \_\_\_\_\_

Current Infectious Diseases: \_\_\_\_\_

Current Medications: \_\_\_\_\_

ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS WITH DOCTOR'S DOSAGE INSTRUCTIONS AND WILL BE ADMINISTERED BY CAMP HEALTH SERVICES STAFF.

Other diseases, explanations: \_\_\_\_\_

Any Physical Limitations ? : \_\_\_\_\_



CONFIDENTIAL

THE SALVATION ARMY  
STATEMENT OF APPLICANT FOR EMPLOYMENT  
INVOLVING WORK WITH CHILDREN \*

This statement will be completed by all applicants for employment for any position involving the supervision or custody of children (under 18 years of age) or for any position in which the applicant is in any way involved with children. The completion of the statement will help to assure The Salvation Army that it will provide a safe and secure environment to those children who participate in its programs and who use its facilities.

Personal Information

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

Home Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_

Present Church \_\_\_\_\_

Minister of the Church \_\_\_\_\_

Other Churches attended regularly during the past ten years \_\_\_\_\_

Education or Training for work with children (List formal educational courses and on the job training participated in, identifying the institution.)

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

Personal References (not relatives)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

All prior work with children (List church or other organization conducting the program, the name of the immediate supervisor and, if known, the name, address and telephone number of any individual now involved in the program.)

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

For purposes of this Statement, the words "child" and "children" mean individuals below the age of 18 years.

**Statement**

As the applicant described above, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children, that the foregoing information and following statements are true:

1. In my prior employment, I have never used a name other than that set forth above.
2. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I am able to perform those essential job duties with no accommodation except as follows: \_\_\_\_\_
3. I have never been accused of abuse of a child or of actual or attempted sexual molestation of a child, either in a program for children or otherwise.  
If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome: \_\_\_\_\_
4. I have never been arrested as a result of a charge of child abuse or of actual or attempted sexual molestation of a child.
5. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child.
6. I authorize any of the churches or other organizations and their representatives and my personal references listed above to give to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
7. I am aware that The Salvation Army is a branch of the Christian Church and, in the event that my application is accepted, I agree that I will conduct myself in my work with children in a way that is consistent with the religious and charitable policies and principles of The Salvation Army.
8. Having provided the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information or statements are punishable under the laws relating to perjury.

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Signature of Witness

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

(The remaining sections are to be completed by Salvation Army personnel)

1. All references identified above have been contacted and

There were no reports of misconduct involving children.

Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

\_\_\_\_\_  
Immediate Supervising Officer Date

2. Applicant’s name has been checked in the Territorial Registry and

The applicant’s name did not appear in the Territorial Registry.

The applicant’s name appeared in the Territorial Registry – applicant is not approved for work with children.

\_\_\_\_\_  
Responsible officer at THQ/DHQ/CFOT/SFOT/ARC, etc. Date

3. Applicant’s name has been checked in available State databases and

There were no reports of misconduct involving children.

Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to the Secretary for Personnel for inclusion in the Territorial Registry.

\_\_\_\_\_  
Responsible officer at THQ/DHQ/CFOT/SFOT/ARC, etc. Date

4.\* Prior accusations of abuse have been investigated and

There was no reasonable suspicion of abuse.

There was reasonable suspicion of abuse – applicant is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

\_\_\_\_\_  
Immediate Supervising Officer Date

To be completed only if applicant reports an accusation in response to item #3 of Statement.

The Salvation Army  
Little Pine Island Camp  
6889 Pine Island Dr. NE  
Comstock Park, MI 49321

DRUG-FREE WORKPLACE POLICY AGREEMENT

The Salvation Army Little Pine Island Camp is committed to the health and safety of its employees. In compliance with federal regulations, this policy statement is directed toward all employees/volunteers of The Salvation Army requiring all personnel to be free from the manufacture, distribution, dispensing, possession or use of any controlled substance while on the job. All personnel are encouraged to remain free from the manufacture, distribution, dispensing, possession or use of any controlled substance during the time they are away from their job responsibilities.

- 1. Bulletin board space is being provided specifically for materials relative to an alcohol/drug-free workplace environment.
- 2. Educational seminars will be provided on a periodic basis with required attendance for all employees/volunteers. Emphasis will be given to: (a) the dangers of alcohol/drug abuse in the workplace; (b) The Salvation Army’s policy of maintaining an alcohol/drug-free workplace; and (c) if drug testing is required by written policy, all criteria will be discussed.
- 3. Educational material will be distributed to all employees/volunteers when available.
- 4. If an employee/volunteer is found to be violating the policy ensuring an alcohol/drug-free workplace, The Salvation Army has the right to implement appropriate actions.
- 5. Any employee/volunteer convicted of any criminal alcohol/drug statute for a violation occurring in the workplace will notify the appropriate supervisor no later than five (5) days after such conviction.

When a Salvation Army program receives contractual monies from a federal or state agency, it will notify the contracting federal or state agency within ten (10) day after receiving notice from an employee.

- 6. Within thirty (30) days of said notice the employee/volunteer is required to provide The Salvation Army with documentation of their involvement (at personal expense) in an approved (by federal, state or local health, law enforcement, or other appropriate agency) alcohol/drug abuse assistance or rehabilitation program.

A listing of such approved alcohol/drug abuse assistance or rehabilitation programs on the aforementioned bulletin board.

- 7. Failure, on the part of the employee/volunteer, to comply with statements (4), (5) and (6) above will result in the imposition of appropriate remedial action on the part of The Salvation Army up to and including termination.

**I HAVE READ THE ABOVE AND WILL COMPLY**

\_\_\_\_\_  
Signature of employee/volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of employee/volunteer’s supervisor

\_\_\_\_\_  
Date



# ABSO Summary of Rights

## Below is a summary of your rights under the Fair Credit Reporting Act.

Please read and scroll to the bottom of the page to sign this document.

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System members banks(except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Saving associations and federally chartered saving banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**Please acknowledge receipt of the "Summary of Rights" on the attached information sheet. Retain this sheet for your information**

## CONSENT FORM

AS AN EMPLOYEE, PROSPECTIVE EMPLOYEE, VOLUNTEER OR PROSPECTIVE VOLUNTEER OF THE SALVATION ARMY, I UNDERSTAND THAT IT IS S POLICY OF THE SALVATION ARMY TO SECURE CRIMINAL HISTORY INFORMATION OR INFORMATION PERTAINING TO PRIOR HISTORY OF CHILD ABUSE AS PART OF THE SCREENNG PROCESS USING THE INFORMATION PROVIDED BELOW:

---

NAME:

\_\_\_\_\_

LAST

\_\_\_\_\_

MIDDLE

\_\_\_\_\_

FIRST

MAIDEN NAME OR NAME PREVIOUSLY USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_

SEX: \_\_\_\_\_

SOCIAL SECURTITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE STATE AND #: \_\_\_\_\_

FORMER STATES OF RESIDENCE AND YEARS RESIDED: \_\_\_\_\_ (Last 7 Years)

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I AUTHORIZE THE SALVATION ARMY TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF CHECKING CHILD ABUSE HISTORY INFORMATION FROM THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES CENTRAL REGISTRY AND OTHER SOURCES. I UNDERSTAND THIS INFORMATION CAN ALSO BE USED TO CHECK FOR A CRMINAL RECORD IN THE STATE OF MICHIGAN AND OTHER STATES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PROGRAM DIRECTOR: \_\_\_\_\_

PERSON REQUESTING INFORMATION: \_\_\_\_\_