

Adventure/Challenge ___ challenge/ropes course ___ climbing/rappelling Arts/Crafts ___ drawing/painting ___ leather craft ___ photography Campcraft/Pioneering ___ backpacking ___ campcraft ___ hiking ___ orienteering ___ outdoor cooking ___ outdoor living skills ___ overnights ___ wilderness trips	Drama ___ clowning ___ theater Sports/Fitness ___ aerobics/exercise ___ baseball/softball ___ basketball ___ bicycling/biking ___ dance ___ football ___ informal games ___ martial arts ___ soccer ___ track/field ___ volleyball	Health/Safety ___ CPR ___ first aid ___ lifeguard Music ___ singing ___ instrument (list) ___ DJ Nature ___ astronomy ___ birds ___ environmental studies ___ flowers ___ forestry ___ insects ___ rocks/minerals	Miscellaneous ___ farming/gardening ___ foreign language ___ leadership development ___ radio/TV/video ___ storytelling ___ team building ___ worship/Bible study Business/Administration ___ computer/software (list) Waterfront Activities ___ kayaking ___ swimming Other _____ _____
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References

Please give names and contact information of three people, not relatives, who have knowledge about your character, experience and work habits. Please include at least one individual who has knowledge of your wilderness skills background

Name	Relationship	Email	Phone

Employment History

Please provide a full record of employment, paid and volunteer. Include any positions on camp staff; use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address and Phone	Nature of Work	Reason for Leaving

Adventure Policies

Harassment The camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, work place harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the camp before any decision is made.) If yes, please use additional paper to explain.

- Yes
- No

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.) If yes, please use additional paper to explain.

- Yes misdemeanor felony Brief Explanation: _____
- No

Sexual Abuse Prevention and Reporting

Have you ever had any training in sexual abuse prevention?. If no, will you agree to take training prior to starting your duties at Project ASCENT?

- Yes
- No, but I agree to take training prior to my duties at Project ASCENT.

Cell Phone/Mobile Device Use

Project ASCENT asks that all mobile devices be used only for communicating with administration, volunteers, and emergency personnel during work and activity time. Do you agree to this policy?

- Yes
- No

Background Check

Does Project ASCENT have permission to perform a background check on you?

- Yes
- No

*****Please sign official background check release form and attach to this form*****

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

Signature _____ Date _____

IMPORTANT AGREEMENT:

- As a camp employee I understand that I am a representative of the camp and a steward of the camp's authority.

I agree to:

- Begin and remain for the exact dates I am hired. Participate in any volunteer work related to the assignment.
- Be willing to work the job to which I am assigned.
- Be part of the camp counseling team under the authority of the camp and Program Directors. As a part of that team, I agree to be supportive, engaged and positive.
- Assume responsibility for my transportation to and from camp.
- Follow camp policies and procedures.
- Seek to engage campers AND be a positive role model.
- Refrain from any sexual contact with youth or adults.
- Refrain from any kind of physical punishment or threats toward campers.
- No tobacco is allowed on the camp property by counselors.
- There can be no drinking or use of drugs during the assignment.
- If accepted, I agree to personally and immediately notify both the camp & Project ASCENT offices if circumstances affect my availability.
- I will be 15 years of age before my assigned duties.
- *I understand all statements become part of any future employee personnel files.*

YOUR SIGNATURE

Date

Return to:
Project ASCENT
Attn: Rob Christensen
PO Box 1954
Thompson Falls, MT 59873
Projectascentmt@gmail.com

Recommendation for Project ASCENT Staff

Your Title: _____

Name of Applicant _____

Date _____

Dear Summer Camp Directors,

*I understand that being a staff member at Project ASCENT is an amazing professional experience intended to make a huge difference in the lives of participants. I am recommending this person because I believe in him/her. He/she is ready and prepared. They have the ability to work well **now** and a level of professionalism, expertise, and maturity which will be commensurate with the responsibility.*

Business/Organization Name _____ Recommender's Name _____

Recommender's phone number _____ Email _____

This recommendation is needed by Summer Camp Supervisors in order to do the best job possible with this person. **Please be as specific as possible.**

1. Tell me about this person's relationship with yourself.
2. How will this person benefit from the Project ASCENT work experience?
3. List what you know about this person's strengths and weaknesses in the following areas that would be helpful to their Supervisor.

Any limitations?

-Physical Condition:

-Social Maturity:

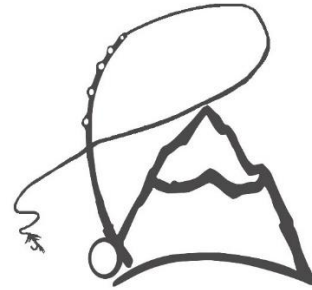
-Emotional Maturity:

-Work Ethic:

4. Have you specifically observed their acceptance of responsibility?
5. What has been your personal involvement with the applicant?
6. What has been their involvement in outdoor education/recreation in the past and this year?

CONFIDENTIAL

Project ASCENT
Background Check Authorization



Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ **Date of Birth:** _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Project ASCENT** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Project ASCENT** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Project ASCENT**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ **Date:** _____