

**Application for Rocky Mountain Yearly Meeting
FC Camp Staff /Counselor Position
Quaker Ridge Camp 2010**

Name _____ Phone _____

Address _____

Cell Phone _____ E-mail _____

Home Church _____

Birth Date _____ Social Security Number _____

What experience do you have for this position? _____

Which camp is your preference? Junior Junior High Senior High

Briefly give your Christian testimony: _____

Name of Pastor or Church Worker who knows you well _____

Address _____

Phone _____

Person to contact in an emergency _____

Phone _____

Have you ever been convicted of any felony, child abuse, or unlawful sexual offense?

Yes No

Have you ever been charged with the commission of an act of child abuse or unlawful sexual offense?

Yes No

If you answered "yes" to either question, please explain: _____

My signature grants permission for any criminal record I may have to be acquired by Rocky Mountain Yearly Meeting.

Date _____ Signature _____

Colorado Department of Social Services requires each staff personnel to have a health examination within the last 12 months. Form is on the rmym.org website/Fx link

Return to: Rocky Mountain Yearly Meeting
Attn: Fx Camp Experience
4575-B Eliot Street, Denver, CO 80211

Fax: 720-855-6200