

AGREEMENT FOR STAFF POSITION

Rocky Mountain Yearly Meeting Summer Camp
Quaker Ridge Camp

Name _____ Phone _____

Address _____

Cell Phone _____ E-mail _____

Responsibilities at camp: _____

Dates you will be at Quaker Ridge Camp _____

Person to contact in an emergency: _____

Relationship _____ Phone: _____

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

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

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.

I agree to fulfill my responsibilities to the best of my ability, to be aware of and provide for the safety of the camp as a whole, to comply with the directives of the Camp Committee, and to conduct myself in a manner that reflects God's love.

Date: _____ Signature _____

Signature of Camp Committee Representative _____

The Department of Social Services requires each staff personnel to have a health examination within the last 90 calendar days before camp begins.

Return this agreement as soon as possible to your director or Kay Burgi, 3940 Dover Street, Wheat Ridge, CO 80033. (<mailto:phburgi@aol.com>)