

# VOLUNTEER/PAID STAFF DISCLOSURE FORM

The Central Pennsylvania Conference, The United Methodist Church cares about the children, youth and developmentally challenged who attend our summer camp programs. We are committed to ensuring their safety from any type of abuse. Because of our unconditional concern for the safety of all campers, the Camping and Retreats Commission is requiring all volunteers/paid staff of our camping program to complete this disclosure.

Please accept this procedure without insult. While the vast majority of our volunteers/paid staff are free from such abusive behavior, we confess that as a church we have never been totally free of those who abuse.

*INSTRUCTIONS: Please complete the following questions by circling the appropriate answer. Include an explanation for any "yes" answer on a separate sheet and staple it to this form. Return the completed form to the Conference Office with your covenant (deans) or contract (employees). Non-compliance will preclude your ability to be hired as an employee.*

1. Have you ever been convicted of any misdemeanors or felonies?  Yes  No
2. Have you ever been the subject of an investigation for having sexually assaulted or exploited any minor, or for having physically abused any person?  Yes  No
3. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor, or to have physically abused any person?  Yes  No
4. Have you been convicted of the possession, use or sale of drugs within the last seven years?  Yes  No
5. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last seven years?  Yes  No
6. Have you abused alcohol, legal or illegal drugs within the past six months?  Yes  No
7. Has your driver's license been suspended or revoked within the last seven years?  Yes  No
8. Other than the above matters, is there any fact or circumstance involving you or your background that could call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally challenged persons?  Yes  No

I swear that the information I have provided above is true and correct.

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signature

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date

(over please)

# VOLUNTEER/PAID STAFF COVENANT

*INSTRUCTIONS: Please read, sign and date the Employee's Covenant below. Non-compliance will preclude your ability to be hired as an employee.*

As a volunteer/paid staff of the Central Pennsylvania Conference, The United Methodist Church responsible for the physical, emotional and spiritual welfare of the campers entrusted to my care, I agree that:

- It is my responsibility to avoid any sexual contact with children, youth, and developmentally challenged persons, even if one attempts to initiate the contact. It is equally my responsibility to refrain from any sexual activity with another adult while at camp unless the adult is my spouse.
- I will find alternative ways to discipline campers other than by using corporal punishment, agreeing that under no circumstances will I use hitting, kicking, spanking, neck or choke holds, ear or hair pulling, or any other form of corporal punishment.
- I will under no circumstances bring alcohol or illegal drugs of any kind onto the camp property, or engage in use of such substances if any covertly appears on the property. I further agree that if I have reason to suspect, or can confirm that such substances are on the property; or if anyone (volunteer, paid staff or camper) is using such substances, I will immediately report the same to the Site Manager.
- Unless addicted to nicotine, I will refrain from using any tobacco (both smoking and non-smoking). If addicted to nicotine, I agree to communicate my addiction to my supervisor in advance of my employment at the camp, and will agree to limit my smoking away from the visibility of campers at a designated location determined by my supervisor.
- I will refrain from using profanity.

I understand that I will be held accountable to this Covenant, and if I breach any article of the Covenant I will accept dismissal from my volunteer/paid staff position.

\_\_\_\_\_ *signature* \_\_\_\_\_ *date*

*Please print:* Your Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_