



# camp laney for boys

P. O. Box 289  
Mentone, Alabama 35984

PLEASE  
ATTACH  
RECENT  
PHOTO

## STAFF APPLICATION

NAME _____	NAME PREFERENCE _____
HOME ADDRESS _____	DATE OF BIRTH _____
CITY _____ ST _____ ZIP _____	SS # _____
PHONE _____	E-MAIL _____
SCHOOL ADDRESS _____	DRIVER LICENSE # _____
CITY _____ ST _____ ZIP _____	MARITAL STATUS _____
SCHOOL PHONE _____	CELL PHONE _____

### EDUCATION

HIGH SCHOOL _____	YEAR OF GRADUATION _____
COLLEGE _____ MAJOR _____	YEARS _____ DEGREE _____

### CAMPING EXPERIENCE

POSITION _____	CAMP _____	DIRECTOR _____
CAMP ADDRESS _____	PHONE # _____	

**REFERENCES: (MUST LIST 3)** - Please use employers, teachers, coaches, religious leaders, etc.  
MUST HAVE COMPLETE ADDRESS.

1. NAME _____	ADDRESS _____
CITY/ST _____	ZIP _____ PHONE _____ POSITION _____
2. NAME _____	ADDRESS _____
CITY/ST _____	ZIP _____ PHONE _____ POSITION _____
3. NAME _____	ADDRESS _____
CITY/ST _____	ZIP _____ PHONE _____ POSITION _____

In the following list, put a "1" by those activities you can organize and teach as an expert. Put a "2" for those activities in which you can assist in teaching. **Camp Laney offers American Red Cross lifeguard training and complete ropes course training.**

**PROJECT ADVENTURE**

- CLIMBING TOWER
- LOW ROPES
- HIGH ROPES
- ROCK CLIMBING

**MAJOR SPORTS**

- SOCCER
- TOUCH FOOTBALL
- SOFTBALL
- BASKETBALL

**WATERFRONT**

- CANOEING

**MOUNTAIN BIKING**

- LEAD TRAILS
- BIKE MAINTENANCE

**TENNIS**

- PING PONG
- BADMINTON

**SWIMMING**

**ARCHERY**

**RIFLERY**

**HORSEBACK RIDING**

**NIGHT ACTIVITIES**

- GUITAR
- STORYTELLING
- SINGING
- SKITS
- INFORMAL GAMES (Capture the Flag, Bombardment, etc.)

In which camp activity would you prefer to work? \_\_\_\_\_

What contribution do you think you could make at camp? \_\_\_\_\_

What are your main hobbies and interests? \_\_\_\_\_

What are your expectations of a summer at Camp Laney? \_\_\_\_\_

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

How did you find out about Camp Laney? \_\_\_\_\_

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

**CERTIFICATIONS**

PLEASE CHECK ANY CURRENT CERTIFICATIONS YOU HOLD AND LIST EXPIRATION DATES

CPR \_\_\_\_\_ EXP \_\_\_\_\_ FIRST AID \_\_\_\_\_ EXP \_\_\_\_\_ ARC LIFEGUARDING \_\_\_\_\_ EXP \_\_\_\_\_

WSI \_\_\_\_\_ EXP \_\_\_\_\_ RIFLERY \_\_\_\_\_ EXP \_\_\_\_\_ ARCHERY \_\_\_\_\_ EXP \_\_\_\_\_

HORSEMANSHIP \_\_\_\_\_ EXP \_\_\_\_\_ OTHER \_\_\_\_\_

**GENERAL INFORMATION**

\_\_\_\_ YES \_\_\_\_ NO – Any allergies? If yes, specify \_\_\_\_\_

\_\_\_\_ YES \_\_\_\_ NO – Any special dietary needs? \_\_\_\_\_  
(Some dietary needs cannot be accommodated at camp.)

\_\_\_\_ YES \_\_\_\_ NO – Camp Laney is a tobacco-free environment. Are you prepared NOT to smoke or use smokeless tobacco for the summer on camp premises?

\_\_\_\_ YES \_\_\_\_ NO – Do you have any visible tattoos or body piercing? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**USE OR POSSESSION OF ALCOHOLIC BEVERAGES, NON-PRESCRIPTION DRUGS, OR CONTROLLED SUBSTANCES IS STRICTLY FORBIDDEN AT CAMP LANEY. STAFF MEMBERS MAY NOT ENTER THE CAMP UNDER THE INFLUENCE OF DRUGS OR ALCOHOL.**

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_ YES \_\_\_\_ NO (If yes, a detailed explanation must be enclosed.)

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF SEXUAL ABUSE OR MOLESTATION?

\_\_\_\_ YES \_\_\_\_ NO

SIGNATURE \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

## **Applicant's Waiver of Right of Access to Confidential Statement**

I hereby freely and voluntarily waive my right of access to any information contained in the Camp Laney recommendation form\* and agree that the statement shall remain confidential.

\_\_\_\_\_  
Date Signature

\* (Recommendation forms are sent to persons listed as references by the applicant.)

# APPLICANT RELEASE & AUTHORIZATION

I hereby authorize **Camp Laney** or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release, indemnify and discharge my prospective employer or other source providing information from any and all claims, liabilities and/or damages arising out of or relating to any investigation of my background for said purposes.

PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY. ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.

Name: \_\_\_\_\_ Alias/Other: \_\_\_\_\_  
(First, Middle, Last - Print Clearly)

Date of Birth: \_\_\_\_\_ Social Sec. \_\_\_\_\_

Driver's Lic. No.: \_\_\_\_\_ State \_\_\_\_\_

(1) Current Addr: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

(2) Previous Addr: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

(3) Previous Addr: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Witness \_\_\_\_\_ Date: \_\_\_\_\_

## ***IMPORTANT: FOR CLIENT USE ONLY - Mark an "X" for any of the following:***

Would you like NBI to also check Alias/Other name given? : Yes \_\_\_\_\_ /No \_\_\_\_\_

(Be advised there is an additional charge per alias name)

### **CRIMINAL HISTORY RECORD SEARCH:**

(1) Current Address \_\_\_\_\_ (2) Previous Address \_\_\_\_\_ (3) Previous Address \_\_\_\_\_

Past Report \_\_\_\_\_ Federal Criminal \_\_\_\_\_ "U.S. Search" \_\_\_\_\_ MVR-Driving Record \_\_\_\_\_ Credit Profile \_\_\_\_\_

Sex Offender Registry: List States: \_\_\_\_\_

Maryland (Statewide) \_\_\_\_\_ MD Traffic Court \_\_\_\_\_ MD Wants/Warrants \_\_\_\_\_ Md Reg/Tag \_\_\_\_\_

Statewides: Alabama \_\_\_\_\_ Delaware \_\_\_\_\_ Florida \_\_\_\_\_ New Jersey \_\_\_\_\_ North Carolina \_\_\_\_\_

Pennsylvania \_\_\_\_\_

Verification (Specify Number of Items): Education \_\_\_\_\_ Prof. License \_\_\_\_\_ Employment \_\_\_\_\_

Federal Civil \_\_\_\_\_ Civil Judgment: Upper Court \_\_\_\_\_ Lower Court \_\_\_\_\_ Worker's Comp \_\_\_\_\_

Federal Tax Lien Search \_\_\_\_\_ State Tax Lien Search \_\_\_\_\_ Bankruptcy Search \_\_\_\_\_

Other: \_\_\_\_\_

**PLEASE FAX THIS AGREEMENT TO: 877-472-4676**