



January 2018

Dear Applicant,

Thank you for your interest in a position with the **Summer and/or Weekend Camping Programs** at Camp Aldersgate. The programs provide unique opportunities for children with medical, physical, and developmental challenges to enjoy a traditional residential summer camp experience.

Enclosed, you will find:

- *The Camping Programs - Information for Summer Staff Applicants* which describes available positions, salary, job requirements and camp calendar
- *Application for Employment*
- *3 Blank Reference Forms*
- *Criminal Record Check Request* (Camp provides fee & notary. We only need your information and signature)
- *Adult Maltreatment Registry Information Request* (Camp provides fee & notary. We only need your information and signature)
- *Child Maltreatment Background Request* (Camp provides fee & notary. We only need your information and signature)

If you are applying to work Summer camps, the first round of selections will be made from applications submitted before March 15, 2018 and the deadline for any application submissions will be April 9, 2018. After your application is received and reviewed, you will be contacted to schedule an interview. ***Please be sure to include current telephone numbers and email addresses on your application.*** Personal interviews are preferred, but telephone or skype interviews can be arranged for applicants who are not available to come to Little Rock.

If you have any questions or need additional information, please email me at ishuttleworth@campaldersgate.net or call me at 501.225.1444. You may also visit our website at www.campaldersgate.net.

Sincerely,

Ian Shuttleworth
Program Coordinator

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2018 Summer Camping Programs INFORMATION FOR SUMMER STAFF APPLICANTS

RESIDENTIAL CAMP DESCRIPTION

The purpose of Camp Aldersgate's Summer Residential Camps is to provide traditional week-long residential camp experiences for children with medical, physical, and developmental challenges. The residential camp eight-week program consists of one counselor training week, five "Med Camps" sessions dedicated to children with specific conditions or disabilities, as well as two "Kota Camps" sessions which provide an inclusive camping environment for children with and without disabilities.

The program is designed so children of ALL abilities can participate and most importantly succeed. Activities may include an accessible adventure/challenge ropes course, nature hikes, archery, canoeing and boating, swimming, SCUBA, fishing, music, arts and crafts. The activities increase campers' self-esteem by creating opportunities for them to meet personal challenges. The children are able to learn from others who have similar conditions and experiences by living in a group environment. Participation in personal hygiene and housekeeping chores encourage campers' responsibility and independence. They learn to work in harmony with others, broaden skills and interests, and develop initiative and resourcefulness.

Summer staff are hired for a minimum of 4 weeks to a maximum of 8 weeks (depending on the needs of the camp and the preferences of the counselor) during our summer camping season (June 3 – August 3). Working the full summer is recommended and hiring preferences will be made towards applicants who apply for all or majority of weeks. Attendance during the Staff Training Week (June 3 – 8, 2018) is **mandatory**. During camp, counselors are on duty from Sunday at 10:00 a.m. until Friday at 1:00 p.m. Counselors receive a scheduled break each day.

DAY CAMP DESCRIPTION

In partnership with A-Camp, Camp Aldersgate's Summer Day Camping program provides a six week day camping experience that is accepting of all kids with autism and their friends. The goal is to create memorable experiences and promote relationships through an engaging, nurturing, and adventure-based programing.

Summer staff are encouraged to work all six weeks (depending on the needs of the camp) during our summer camping season (June 3 – July 20), in addition to one training week. Attendance during the Staff Training Week (June 3 – 8, 2018) is **mandatory**. During camp, counselors are on duty Monday-Thursday 8:30 a.m.- 1:00 p.m (subject to change on a week-to-week basis) .

For more information regarding Camp Aldersgate's Day Camping program, please contact Camp Aldersgate.

ACCREDITATION

Camp Aldersgate is accredited by the American Camp Association (ACA). The ACA is a professional organization which establishes standards for camping and issues accreditation to camps who meet the standards.

STAFF TRAINING

The summer program begins June 3, 2018, with a week of intensive training for all staff. During the training, staff members receive instruction in camp activities, group dynamics, leadership skills, emergency procedures and specialized training needed to work effectively with children and youth who have medical conditions and physical disabilities. The training sessions are conducted by program specialists, doctors, nurses, therapists, and health agency representatives. Lifeguard training for applicants interested in obtaining certification will be held at camp in May (dates TBD).

STAFF POSITIONS AVAILABLE (as of January 2018)

Positions are available for young men and women who have a variety of skills and who enjoy working with children. Previous experience is not required; however special consideration will be given to applicants who have specific certifications (such as American Red Cross Lifeguarding, Archery, Ropes Course, etc.), program skills, experience working with the disabled, or prior camping experience.

COUNSELOR: Counselors live with a small group of campers and supervise them in all their activities. Depending upon the nature of a camper's medical condition, the counselor can expect to provide assistance in dressing, eating, showering and a variety of other procedures for which the counselor will receive training.

Requirements:

Residential Counselors must be at least 18 years of age and have completed one year of college. Prior experience as a Volunteer Counselor at Camp Aldersgate is preferred. Summer camp salary is \$200.00 per week for a *first year* Counselor; \$220.00 per week for a *returning* Counselor; plus room and board for each week of camp scheduled to work.

Each session there will be one counselor in each cabin assigned as the *Senior Counselor* and will have the overall responsibility for that cabin group. Senior Counselors will receive \$240.00 per week assigned.

Residential Junior Counselors must be at least 16 years of age and have completed the 10th grade. Prior experience as a Volunteer Counselor at Camp Aldersgate is preferred. Salary is \$160.00 per week plus room and board for each week assigned.

Day Camp Counselors must be at least 16 years of age and have completed the 10th grade. For information pertaining to salary, please contact Camp Aldersgate.

Volunteer Residential & Day Counselors begin at age 14 and must attend the volunteer training prior to camp. Volunteer Counselors will be assigned to work at least 1 week during the summer.

INTERVIEWS AND HIRING

While the deadline for submitting applications is April 9, 2018, it is requested that applications be returned as soon as possible. After applications are received and reviewed, candidates will be scheduled to interview.

ADDITIONAL INFORMATION

For questions contact:
Ian Shuttleworth, Program Coordinator
Camp Aldersgate, Inc.
2000 Aldersgate Road, Little Rock, AR 72205
(501) 225-1444
ishuttleworth@campaldersgate.net
www.campaldersgate.net

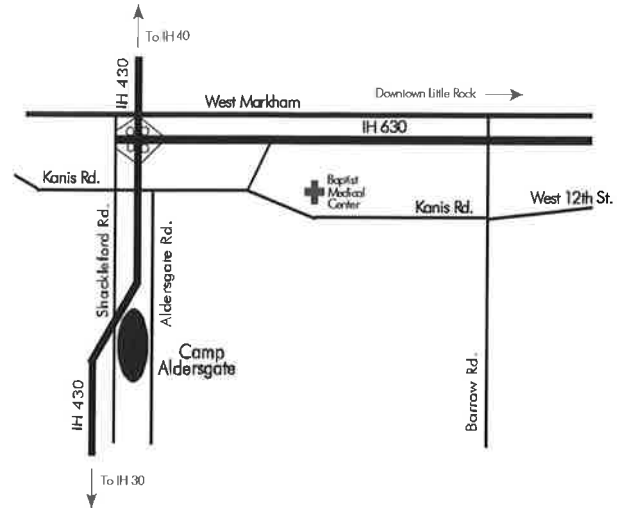
LOCATION

Camp Aldersgate is located in Little Rock, ½ mile south of Kanis Road and 1 block east of Shackleford Road. The camp can be reached via I-430 or I-630 using the Shackleford/Kanis exit.

2018 RESIDENTIAL SUMMER CAMP SCHEDULE

(training dates subject to change)

May 29- June 1	Activity Staff Training
June 3 – 8	Staff Training
June 10 – 15	Muscular Dystrophy Camp
June 17 - 21	Spina Bifida Camp
June 24 – June 29	Kota Camp Summer Session I
June 30 – July 7	Summer Break!!
July 8 - 13	Kota II
July 15 - 20	Diabetes Camp
July 22 - 27	Cardiac/Arthritis/Kidney Camp
July 29 – August 3	Cancer/Bleeding Disorders/Asthma Camp



2018 SUMMER DAY CAMP SCHEDULE

(training dates subject to change)

June 3 – 8	Staff Training
June 11 – 14	Dream Big
June 18 - 21	Holidays Theme
June 25 – June 28	Animal Planet Theme
June 30 – July 7	Summer Break!!
July 9 - 12	Once Upon a Time Theme
July 16 - 19	Pirates, Sailors, and Mermaids Theme
July 23- 26	Superhero

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CAMPALdersgate
COMMON GROUND FOR EXTRAORDINARY PEOPLE

Staff Application

Date of application _____

Are you over the age of 18? (circle) yes no If you are under the age of 18, please provide your birth date ____/____/____

Name _____ T-Shirt Size: S M L XL XXL
LAST FIRST MIDDLE

E-Mail _____

Position(s) applying for: (circle one or both) Counselor Junior Counselor Returning Counselor Supervisor

Which programs are you applying for: (circle one or multiple) summer residential camp summer day camp weekend camps (during school year)

PERMANENT ADDRESS INFORMATION

Your family home or year-round residence

Address _____
STREET CITY COUNTY STATE/ZIP

Telephone # home: () cell/other: ()

CURRENT ADDRESS INFORMATION

Complete if you are temporarily residing at an address other than your family home due to school, employment, etc.

Address _____
STREET CITY COUNTY STATE/ZIP

Telephone # home: () cell/other: ()

How did you learn about this position? (circle) internet school advertisement employee relative other (please specify) _____

Current level of education: (circle) Junior high high school college (yr. completed ____) other _____

Have you ever been a *camper* or *volunteer* at Camp Aldersgate? (circle) yes no

If yes, which camp(s) have you attended and when did you attend? (camp/year) _____/_____
_____/_____; _____/_____; _____/_____

Have you filed an application here before? (circle) yes no If yes, give date: _____

Have you ever been employed here before? (circle) yes no If yes, give dates: from _____ to _____

Position(s): _____ Under what name? _____

Are you legally eligible for employment in this country? yes no (Proof of U.S. citizenship/immigration status required upon employment.)

Please list your interests/hobbies: _____

Describe your special skills: _____

Have you been convicted of a felony in the last seven years? (circle) yes no If yes, please explain _____

EMPLOYMENT HISTORY

(This section must be completed in full.)

List your last three employers, assignments or volunteer activities, starting with the most recent, including military experience. Attach extra pages if needed. A complete resume is acceptable for the listing of employment in addition to the last three jobs.

Dates Employed	Employer		Address & Phone	Nature of Work	Reason for Leaving
	Name of Supervisor			Salary/Wage	
From					
To				\$ _____ per _____	
From					
To				\$ _____ per _____	
From					
To				\$ _____ per _____	

Comments (including explanation of any gaps in employment) _____

EDUCATIONAL BACKGROUND

List last three schools attended, starting with the most recent; List number of years completed; Indicate degree or diploma earned, if any; major and/or minor field of study (if applicable).

School	Years Completed	Degree Diploma	Major Minor

List any foreign language(s), including sign language, and check the box(es) that best describes your skill level.

Language	Read	Speak	Years Experience

REFERENCES

List the name and telephone number of three professional, school, or personal references who are not related to you.

Name	Relationship	Email Address & Telephone	Years Known

List any additional information or comments you would like us to consider such as special training, certifications, special accomplishments; awards etc. _____

Name: _____

CAMP PROGRAM SKILLS

The following is a list of some camp activities which may be offered at camp. Please review the list and indicate whether you would be comfortable leading the activity (mark L) or assisting with the activity (mark A). Also, please list any other talents, hobbies, recreational interests which would benefit camp.

- | | |
|--|--|
| _____ Canoeing/Boating | _____ Leading devotional |
| _____ Fishing | _____ Photography |
| _____ Swimming | _____ Wilderness skills |
| _____ SCUBA | _____ Arts and crafts |
| _____ Adventure/Challenge (ropes course) | _____ Group games |
| _____ Archery | _____ Playing instrument(s) Please list: _____ |
| _____ Nature/Environmental studies | _____ Tribe Chief (leading one of the two tribes each camper belongs to) |
| _____ Disc Golf | Other Talents, Hobbies, Recreational Interests etc.: |
| _____ Cooking | _____ |
| _____ Other sports: _____ | _____ |
| _____ Drama/Skits | _____ |
| _____ Journalism | _____ |
| _____ Dance | _____ |
| _____ Music/Singing | _____ |

EXPERIENCE AND SKILLS

Do you hold current certification in each of the following:

- American Red Cross Lifeguarding No Yes Expiration date: _____
- First Aid No Yes Expiration date: _____
- CPR No Yes Expiration date: _____

Please list any other certification(s) (such as ropes/challenge course, archery, health and/or medical, educational, environmental, etc.): _____

If you are interested in serving as Specialty Camp contract staff throughout the year, please indicate in which areas you would like to be considered for additional training/certification: (check all that apply)

- Lifeguarding Adventure Challenge (Ropes course) Archery Lead Staff

STATEMENT OF FACT

Camp Aldersgate, Inc. is an equal opportunity employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

RELEASE OF INFORMATION

I hereby authorize and request every individual, corporation, school or university, employer, firm, criminal justice agency, city, county, state or federal agency, and their authorized representatives to release and furnish to Camp Aldersgate, Inc. and their authorized representatives, any and all information and records pertaining to me.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person or organization.

Signature of Applicant (or parent/guardian if applicant is under 18)

Date of Signature

MEMO OF UNDERSTANDING

I, the below signed individual, have read and fully understand the above information. I hereby declare that to the best of my knowledge and ability, the information on this application is true and factual. I understand that intentionally false statements could lead to my dismissal as an employee or rejection as an applicant.

I also understand that employment at Camp Aldersgate, Inc. requires that special background checks be made and failure to meet these requirements may lead to my rejection as an applicant or dismissal if I have been employed. These may include the State of Arkansas Department of Human Services Child Abuse and Neglect Registry, Police Criminal Records, and the Federal Bureau of Investigation.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation if I have been employed.

Signature of Applicant (or parent/guardian if applicant is under 18)

Date of Signature

Please return completed application to:

Ian Shuttleworth, Program Coordinator
Camp Aldersgate
Staff Applications
2000 Aldersgate Road
Little Rock, AR 72205

2018 Summer Camp Schedule Preference Form

Name of Applicant: _____ Date: _____

Current Status: *New Counselor* *Junior Counselor* *Returning Counselor* *Supervisor*

Signature of parent or guardian: _____ Date: _____
(If applicant is under 18 years of age)

Summer Camp Week Preferences - Below is the 2018 Camp Aldersgate Summer Camp Schedule. Any weeks marked below will indicate that the applicant is available to work that session, but does not necessarily mean that they will be assigned to that week. The program coordinator in charge of staffing will work to assign counselors to work the weeks that they indicate that they are available. Some applicants may be placed on a waiting/on-call list. **All summer 2018 residential staff must attend the mandatory staff training week and then work at least 3 weeks of the summer after that.**

2018 Residential Med and Kota Camps (& Dance Themes)

_____	May 29 – June 1	Activity Staff Training (for all activity staff & NEW lifeguards only)	
_____	June 3 - 8	MANDATORY Staff Training Week	
_____	June 10 - 15	Muscular Dystrophy Camp	Dream Big
_____	June 17 - 22	Spina Bifida Camp	Holidays
_____	June 24 – June 29	Kota I	Animal Planet
_____	July 8 – 13	Kota II	Once Upon a Time
_____	July 15 – 20	Diabetes Camp	Pirates, Sailors & Mermaids
_____	July 22 – 27	Cardiac/Arthritis/Kidney Camp	Superhero
_____	July 29 – August 3	Oncology/Bleeding Disorder/Asthma Camp	Prom

2018 Summer Day Camp Schedule

***Day camp staff is encouraged to work every week**

_____	June 3 - 8	Staff Training Week
_____	June 10 - 15	Dream Big
_____	June 17 - 22	Holidays
_____	June 24 – June 29	Animal Planet
_____	July 8 – 13	Once Upon a Time
_____	July 15 – 20	Pirates, Sailors & Mermaids
_____	July 23 - 26	Superhero

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Camp Aldersgate

COUNSELOR REFERENCE FORM

Please send this form to each of the three people who will give your reference. He/She should mail it back to Camp Aldersgate in a sealed envelope. References will not be accepted from relatives or those under age 23.

To: _____ Date _____
(Name of person who will make the referral)

From: _____
(Name of Applicant)

The person named above has applied for a Counselor position at Camp Aldersgate and has given your name as a reference. The applicant has authorized the release of any and all information pertaining to them. Your opinion will be treated with confidence and will be seen only by those authorized to select new counselors. If selected, the applicant will be assisting children with medical conditions and/or physical disabilities experience a week of summer camp. Please give a frank appraisal only on the characteristics you have had the opportunity to observe. If you have not had the opportunity to observe the applicant with regard to any of the traits listed, please mark "N/A" in the right margin.

Characteristic	Poor	Fair	Average	Good	Superior
Responsibility					
Patience					
Dependability and reliability					
Maturity					
Attitude					
Enthusiasm					
Initiative & Energy					
Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Ability to work with others					
Personality					
Appearance					
Ability to work well without supervision					
Character					
Overall Rating					

Do you feel the applicant is a good candidate for a camp counselor position working and living with children with special needs? _

REFERENCE FORM (CONTINUED)

GENERAL COMMENTS ON THIS APPLICANT: _____

How long have you known the applicant? _____ In what capacity? _____

If applicant was employed by you:

Cause of termination: _____

WOULD YOU RE-HIRE THE APPLICANT? YES NO

PERSON COMPLETING THIS REFERENCE: _____

Organization/Business: _____ Title: _____

Phone: _____

ADDRESS: _____
Street City State Zip

Signature: _____ Date: _____

If there is a need to discuss the applicant further, please call 501.225.1444 or e-mail kjenkins@campaldersgate.net.
Thank you for your assistance!

Please return this form as soon as possible to: Ian Shuttleworth, Program Coordinator
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205

Camp Aldersgate

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Characteristic	Poor	Fair	Average	Good	Superior
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Patience					
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Attitude					
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Initiative & Energy					
Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Ability to work with others					
Personality					
Appearance					
Ability to work well without supervision					
Character					
Overall Rating					

Do you feel the applicant is a good candidate for a camp counselor position working and living with children with special needs? _

(over)

REFERENCE FORM (CONTINUED)

GENERAL COMMENTS ON THIS APPLICANT: _____

How long have you known the applicant? _____ In what capacity? _____

If applicant was employed by you:

Cause of termination: _____

WOULD YOU RE-HIRE THE APPLICANT? YES NO

PERSON COMPLETING THIS REFERENCE: _____

Organization/Business: _____ Title: _____

Phone: _____

ADDRESS: _____
Street City State Zip

Signature: _____ Date: _____

If there is a need to discuss the applicant further, please call 501.225.1444 or e-mail kjenkins@campaldersgate.net.
Thank you for your assistance!

Please return this form as soon as possible to: **Ian Shuttleworth, Program Coordinator**
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205

Camp Aldersgate

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Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Ability to work with others					
Personality					
Appearance					
Ability to work well without supervision					
Character					
Overall Rating					

Do you feel the applicant is a good candidate for a camp counselor position working and living with children with special needs? _

REFERENCE FORM (CONTINUED)

GENERAL COMMENTS ON THIS APPLICANT: _____

How long have you known the applicant? _____ In what capacity? _____

If applicant was employed by you:

Cause of termination: _____

WOULD YOU RE-HIRE THE APPLICANT? YES NO

PERSON COMPLETING THIS REFERENCE: _____

Organization/Business: _____ Title: _____

Phone: _____

ADDRESS: _____

Street

City

State

Zip

Signature: _____ Date: _____

If there is a need to discuss the applicant further, please call 501.225.1444 or e-mail kjenkins@campaldersgate.net.
Thank you for your assistance!

Please return this form as soon as possible to: **Ian Shuttleworth, Program Coordinator**
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205

REQUEST FOR CRIMINAL RECORD CHECK

Obtain forms from: ARKANSAS DEPARTMENT OF HUMAN SERVICES, Division of Developmental Disabilities Services (DDS), Licensure and Certification, PO Box 1437, Slot N203, Little Rock, AR 72203-1437, (501) 320-6408

State-only Criminal Record Check Required Items:

1. This form completed, signed, and notarized
2. \$25 check/money order made payable to:
"Arkansas State Police"

3. MAIL this form and attachments to:

State Identification Bureau, Arkansas State Police,
#1 State Police Plaza Drive
Little Rock, Arkansas 72209

Type of Provider: Licensed DDTCS ___ Certified Early Intervention ___ Certified Waiver ___ New ___

Provider submitting form:

Name of Provider _____ Address _____ City/Zip _____

Name of Provider Contact Person _____ Telephone number (include Area Code) _____

Name of person to be checked: Last Name _____ First Name _____ Middle Name _____

Current address: Street _____ City _____ State _____ ZIP Code _____

Maiden Name _____ Aliases _____ Date of Birth (month/day/year) _____ Telephone _____

Social Security Number _____ Race _____ Sex (M/F) _____ Driver's License Number _____ State of issuance _____

Note: The name, address, and date of birth listed above must appear on a valid identification document issued by a government entity.

Please list the document used if not the person's driver's license: _____

The person listed above must list all past felony or misdemeanor charges for which he/she was found guilty or to which he/she pled guilty or nolo contendere:

Date of charge	Location	Description of charge	Sentence/Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notice to Applicant: By signing this form you give consent for the Arkansas State Police to release your criminal history report to the employer listed above and to the Division of Developmental Disability Services (DDS). Pursuant to Arkansas Code Ann. § 20-38-101 et seq, DDS will issue a letter of determination to the employer stating your employment eligibility based on your criminal history report. The employer must then provide you with a copy of the determination letter. Prior to the receipt of the determination letter, the employer may choose to deny any employee unsupervised access to a person to whom the employer provides care. You may obtain a copy of your criminal history report from the employer. You must direct any challenges to the accuracy of the report to the Arkansas State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive, Little Rock, Arkansas 72209 (501) 618-8500.

Statement of Oath: I state on oath that the representations made herein are true, complete, and correct.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103.

Signature of Applicant/Employee _____ Date _____

Notarization: State of Arkansas County of _____ Subscribed and sworn to before me, a Notary Public, in and for the county and state

noted above this the _____ day of _____, _____ Notary Public _____

My commission expires on _____, (year) _____.

(Notary Seal)

FOR ARKANSAS STATE POLICE ONLY

82005 Civil Records Check @ \$25 via postal mail (\$22 via online services)

80007 & 80006 FBI Records Check \$12

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
REQUEST FOR ADULT MALTREATMENT REGISTRY INFORMATION**

Print all information in ink.

Name		Date of Birth
Maiden Name and/or Any Names Formerly Used		Social Security Number
Current Address (Street, City, State, Zip)		
List all previous addresses for the past five years. (Attach additional pages, if needed.)		Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Ark. Code Ann. § 12-12-1717 to the following:

Agency Name/Contact Person

Agency type:

- Volunteer (no charge)
- Non-Profit (no charge)
- State Agency (no charge)
- All Others (\$10.00 Fee)

Mailing Address (Street or PO Box, City, State, Zip)

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires

[SEAL]

For APS use only:

The above named applicant was _____ / was not _____ listed in the Adult Maltreatment Central Registry.

Verified by: _____

**MAIL THE COMPLETED FORM TO:
Adult Maltreatment Central Registry - Slot W240
PO Box 1437
Little Rock, AR 72203
Email: aamr@dhs.arkansas.gov
Fax: 501-682-6393**

CHILD MALTREATMENT BACKGROUND CHECK REQUEST

SEND TO: CENTRAL REGISTRY
P.O. BOX 1437, SLOT 710
LITTLE ROCK, AR 72203

Send True Report to: Personnel Department
Camp Aldersgate
2000 Aldersgate Rd.
Little Rock, AR 72205

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON TO BE CHECKED:

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME ALIASES

DATE OF BIRTH - - SOCIAL SECURITY # - -

RACE: MALE FEMALE

ADDRESS (STREET/APT.) CITY STATE ZIP

FULL NAME OF OWN CHILDREN

I hereby authorize the Arkansas Child Maltreatment Central Registry to release any information contained in their files concerning the undersigned and any birth/legal children ages 10 through 17 who now or have resided in my home to Camp Aldersgate, Inc. Also, I understand that the name of any confidential informants will not be released.

Signature of Person To Be Checked Date

Camp Aldersgate, Inc.
(Name of Agency to Receive Report)

Regina Riehl - Director of Finance/Human Resources
(Agency Representative)

2000 Aldersgate Rd Little Rock AR 72205
(Street Address) (City) (State) (Zip)

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20____

NOTARY PUBLIC

(My Commission Expires)

