



## The Edgewood Foundation Staff Application

**Statement of Practice:** In order to safe-guard the well-being of participants served, The Edgewood Foundation (the foundation) will investigate the accuracy of the data provided in the application process for all applicants before appointment to the staff can be made. This investigation may include, but is not necessarily limited to, reference checks with past employers, educational institutions, volunteer organizations and agencies, civic groups, and law-enforcement agencies. This information will be used only for purposes of evaluating a person for a position, volunteer or paid staff at the Foundation.

### Position Applying For (Circle one):

**Program Director**

**Program Staff**

**Administration**

**Activities /Counselor Volunteer**

**Education Volunteer**

**Other** \_\_\_\_\_

### 1. Personal Information

Full Name \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen \_\_\_\_ Yes \_\_\_\_ No

Home Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell # \_\_\_\_\_

Best Time to contact you \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### 2. Legal Background

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain

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Have you ever been convicted of sexual abuse or a crime involving actual or attempted sexual molestation of a minor? \_\_\_\_ Yes \_\_\_\_ No

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### 3. Education

a. High School Diploma or GED    yes\_\_\_\_    no \_\_\_\_

b. Post Secondary    \_\_\_\_ AA    \_\_\_\_ BA    \_\_\_\_ MA    \_\_\_\_ Ph.D

c. Major \_\_\_\_\_ Dated Completed \_\_\_\_\_

### 4. Work Experience

**Show present or most recent employer first. If you have more employment experience than there are spaces provided, please list the experiences most relevant to working in position applied for.**

a. Company/Organization Name \_\_\_\_\_

Your Position \_\_\_\_\_

Company/ Organization Address

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City\_\_\_\_\_State\_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Reason(s) for Leaving

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Supervisor's Name and Title

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Description of Duties and Responsibilities

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b. Company/Organization Name \_\_\_\_\_

Your Position \_\_\_\_\_

Company/ Organization Address

\_\_\_\_\_

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

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Reason(s) for Leaving

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name and Title

\_\_\_\_\_

Description of Duties and Responsibilities

\_\_\_\_\_

\_\_\_\_\_

### **5. Volunteer Experience**

**Please list experiences that are most relevant to work applied for or working in a nonprofit setting.**

a. Agency/Organization Name \_\_\_\_\_ Phone \_\_\_\_\_

Address

\_\_\_\_\_

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

Supervisor's Name and Title

\_\_\_\_\_

Dates you volunteered \_\_\_\_\_

Description of Duties and Responsibilities \_\_\_\_\_

\_\_\_\_\_

b. Agency/Organization Name \_\_\_\_\_ Phone \_\_\_\_\_

Address

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

Supervisor's Name and Title

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Dates you volunteered \_\_\_\_\_

Description of Duties and Responsibilities \_\_\_\_\_

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**Please Check next to the areas in which you hold a current certification:  
(Please include a copy of your certification)**

Red Cross First Aid \_\_\_\_ CPR \_\_\_\_ Red Cross Certified Lifeguard \_\_\_\_ Water Safety Instructor \_\_\_\_

Other (please specify) \_\_\_\_\_

**\*Please answer the following questions, as thoroughly as possible using the space provided below: (Only answer the questions for the position for which you are applying)**

**6.** In your work and/or volunteer experiences, please describe exactly what you did in these roles, and how you directly related to desired position.

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**7.** This position may require a person to be physically active by walking a lot and participating in physical activities. Do you have any physical conditions that may limit your ability to perform these duties? If yes, please explain \_\_\_\_\_

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**Activities Counselor Volunteer:**

**8. What activity would you like to lead, and what materials will you need?**

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Are you willing to supply any of these materials \_\_\_\_ Yes \_\_\_\_ No

**9. To which age group is your activity best suited?** \_\_\_\_\_

**10. Hours will vary. Please outline your availability in the area(s) provided below:**

Monday\_\_\_\_\_

Tuesday\_\_\_\_\_

Wednesday\_\_\_\_\_

Thursday\_\_\_\_\_

Friday\_\_\_\_\_

Weekends \_\_\_\_\_

**11. References \*required for all staff\***

**List three reference other than persons mentioned in the above work and volunteer histories. Please include pastors, mentors, teacher/professors, etc, but Do Not list any family members.**

1. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Address\_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Address\_\_\_\_\_

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

3. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Address\_\_\_\_\_

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

### **11. Authorization to Check Criminal Records**

I, \_\_\_\_\_, authorize The Edgewood Foundation to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee and that I expressly DO NOT authorize The Edgewood Foundation, its directors, officers, employees, or other volunteers or staff to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Applicant)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of authorized camp representative)

### **12. Consent Statement**

The information contained in this form is correct to the best of my knowledge. I authorize any references, companies, organizations, or agencies listed to give you any information they may have regarding my character and fitness to work with children and youth. I release all such references from liability for any damages that may result from furnishing such an evaluation to you. I agree to be bound by the policies of the Summer Camp.

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

**Send Completed Application To:**  
**The Edgewood Foundation Summer Enrichment Camp**  
**Attention: Gwendolyn Singletary**  
**2500 Elmwood Ave**  
**Columbia, SC 29204**