

# Indiana Yearly Meeting of Friends

Youth/Camping Director Search Team

Pat Byers, General Superintendent

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## APPLICATION FOR YOUTH/CAMPING DIRECTOR

INSTRUCTIONS: Please type or print legibly in black ink. All areas must be completed for consideration. Return completed form to the address above.

### Applicant Personal Data

|   |      |                           |          |
|---|------|---------------------------|----------|
| Name of Applicant (last, first, middle) |      |                           |          |
| Mailing Address                         | City | State                     | Zip Code |
| Email address                           |      |                           |          |
| Telephone Number(s)                     |      | Other Telephone Number(s) |          |

### Education

|  |                |                 |          |
|--|----------------|-----------------|----------|
| College University   | City and State | Years Completed |          |
| Degree <input type="checkbox"/> Bachelor's Degree<br><input type="checkbox"/> Master's Degree<br>Other: __ | Major (s)      |                 | Minor(s) |
| <input type="checkbox"/> College University  | City and State | Years Completed |          |
| Degree <input type="checkbox"/> Bachelor's Degree<br><input type="checkbox"/> Master's Degree<br>Other: __ | Major (s)      |                 | Minor(s) |
| <input type="checkbox"/> College University  | City and State | Years Completed |          |
| Degree <input type="checkbox"/> Bachelor's Degree<br><input type="checkbox"/> Master's Degree<br>Other: __ | Major (s)      |                 | Minor(s) |

### Current Church of Membership

|                |                            |
|----------------|----------------------------|
| Name of Church | City and State             |
| Date Joined    | Yearly Meeting Affiliation |

**Employment Experience (Start with Most Recent Experience and Include All Positions)**

|                     |             |                         |   |
|---------------------|-------------|-------------------------|---|
| Employer/Position   |             | Address                 |   |
| Telephone Number(s) |             | Supervisor              | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Starting Date       | Ending Date | Duties/Responsibilities |   |
| Reason for Leaving  |             |                         |   |
| Employer/Position   |             | Address                 |   |
| Telephone Number(s) |             | Supervisor              | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Starting Date       | Ending Date | Duties/Responsibilities |   |
| Reason for Leaving  |             |                         |   |
| Employer/Position   |             | Address                 |   |
| Telephone Number(s) |             | Supervisor              | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Starting Date       | Ending Date | Duties/Responsibilities |   |
| Reason for Leaving  |             |                         |   |
| Employer/Position   |             | Address                 |   |
| Telephone Number(s) |             | Supervisor              | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Starting Date       | Ending Date | Duties/Responsibilities |   |
| Reason for Leaving  |             |                         |   |
| Employer/Position   |             | Address                 |   |
| Telephone Number(s) |             | Supervisor              | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Starting Date       | Ending Date | Duties/Responsibilities |   |
| Reason for Leaving  |             |                         |   |

**References**

Please list three (3) individuals we may contact who know your background and professional qualifications. *Do not list relatives as references.*

|         |                     |
|---------|---------------------|
| Name    | Relationship        |
| Address | Telephone Number(s) |
| Name    | Relationship        |
| Address | Telephone Number(s) |
| Name    | Relationship        |
| Address | Telephone Number(s) |

**Criminal Record**

Have you ever been convicted of a crime other than a minor traffic violation that has not been expunged by a court or placed under seal?

Yes       No

Note: A "yes" response will not necessarily eliminate you from consideration for employment

**Certification of Applicant and Authorization of Reference and/or Employment Verification**

I hereby certify that the information found within this application has been provided voluntarily and I waive any right to assert discrimination on the basis of that which has been divulged.

I understand that Indiana Yearly Meeting expects its employees to be in unity with the doctrines and standards of behavior set forth in the *Faith and Practice* of Indiana Yearly Meeting. Failure to comply with these standards may constitute grounds for dismissal in the event of employment.

I hereby authorize all persons, firms, corporations, educational institutions, and organizations of any kind to release to Indiana Yearly Meeting any information, files, or records pertaining to application, and to permit inspections, and to furnish copies of any documents pertinent to this application. I further authorize any and all persons to answer questions that may be submitted to them concerning this application.

I certify there are no misrepresentations in or falsifications of these statements and answers. I am aware that falsification of this application, or any accompanying data, may result in my dismissal from any position with Indiana Yearly Meeting in the event of employment.

In the event of employment, I understand I am required to abide by all rules and regulations of Indiana Yearly Meeting.

I expressly waive in connection with any request for or provision of such information, any claims, including without limitations, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Indiana Yearly Meeting, its agents and officials or against any provider of such information.

|                        |                     |
|------------------------|---------------------|
| Signature of Applicant | Date of Application |
|------------------------|---------------------|

\*Please include a copy of your resume and a cover letter