

Bingle Camp Ministries
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Bingle Camp Ministries Policy and Procedure on Sexual Propriety

To be completed by Board members, Employees, Volunteers, Camp Director and Counselors.

Name _____
Last First Middle

Address _____
Street

City State Zip code

Has a civil or criminal or ecclesiastical complaint ever been filed against you alleging physical abuse or sexual misconduct?

Yes _____ No _____

Have you ever resigned or been terminated from a position for reasons relating to allegations of physical abuse or sexual misconduct?

Yes _____ No _____

If the answer is yes to either of the above, indicate the date, nature and place of these allegations, and the name, address and phone number of your employer at the time, and the deposition of the complaint.

Have you received professional treatment for reasons related to physical abuse or sexual misconduct by you?

Yes _____ No _____

If yes, please give a short description of the treatment including the date, nature of treatment, place and name, address and phone number of the treating physician or other professional.

I hereby acknowledge that I received on _____ (date), a copy of the Policy on Sexual Misconduct of the BINGLE CAMP MINISTRY, DATED _____, that I have read the Policy, understand its meaning and agree to conduct myself in accordance with the Policy.

Signature_____

For office use only

*Date Received*_____