

***RSCM-2014 Carolina Course for Girls and Adults***  
***July 7-13, 2014***

Dear Staff Member:

Included in this packet are the forms required for **ALL** staff to fill out and send in for the RSCM-2014 Carolina Course for Girls & Adults to be held July 7-13, 2014.

**Please fill out all forms and send them to the course registrar:**

Marilyn Neely  
1765 W Pennsylvania Ave  
Southern Pines NC 28387

[registrar@carolinarscm.org](mailto:registrar@carolinarscm.org)

**The Self Declaration needs to be filled out each year;** however the **reference forms are valid for three (3) years.** So if we already have them on file for you from 2012 or 2013 you do not need to complete them for 2014.

**The two reference forms need to be given to the appropriate people with an envelope addressed to the registrar at the above address.**

If you have any questions, please do not hesitate to contact me.

This year, the adults and most of the staff will be residing at the Doubletree Hotel on Hillsborough Street close to Saint Mary's School. It is a short walk and your meals will still be provided at the campus.

We look forward to having you with us this summer for a week of music and fun!

Marilyn Neely  
Registrar

**RSCM-2014 Carolina Course for Girls and Adults**  
**July 7-13, 2014**

**Staff Registration**

Name: \_\_\_\_\_  
Last First Middle Name you wish to be called?

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home cell Email address

Emergency Contact: \_\_\_\_\_  
Name Phone Numbers

**Special dietary needs or medical concerns:** \_\_\_\_\_

Which part are you able to sing? Alto \_\_\_\_\_ Tenor \_\_\_\_\_ Bass \_\_\_\_\_ (Adult women sing Alto)

T-Shirt Size: \_\_\_\_\_

Church Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Choir Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the proposed staff member listed above is in good standing in our choir, that s/he works appropriately with children and youth, and that s/he has the recommendation of his/her choir director **and/or** minister.

\_\_\_\_\_  
*Choir Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Minister*

\_\_\_\_\_  
*Date*

**Staff members must complete the Staff Self Declaration form and have two reference forms on file. Reference forms received in 2012 or 2013 will be valid for 2014. Safe church certificates must be dated 2012 or later. Room and board and T-shirt are provided. Please send ALL forms to the Registrar.**

**Mail to: Marilyn Neely, Registrar**  
**1765 W Pennsylvania Avenue**  
**Southern Pines NC 28387**



Self-Declaration Form for Adult Participants & Staff  
attending RSCM – America Courses/Events for  
Young People under 18

1. Title & Full Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. No. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

3. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. How long have you lived at the above address?

*If less than 12 months please give the following information:*

Previous Address: \_\_\_\_\_

\_\_\_\_\_

How long there: \_\_\_\_\_

5. Where are you currently employed? \_\_\_\_\_

How long \_\_\_\_\_

6. REFERENCES

Please provide the names and addresses of two people, one clergy and one lay, who have known you for at least two years and who will provide a personal reference. (Do not use the Course Manager or a family member). Included are two reference forms **for which you provide a stamped envelope addressed to the Course Manager**. Please give those to your references and ask them to send them to the Course Manager.

A \_\_\_\_\_

B \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_

Zip Code \_\_\_\_\_

Tel.# \_\_\_\_\_

Tel. # \_\_\_\_\_

7. RSCM EVENTS / ACTIVITIES

Please list your prior RSCM course experience

1) Dates:

2) Dates:

3) Dates:

8. Have you taken the Safe Church/Sexual Ethics Training provided by your diocese or denomination?

Yes \_\_\_\_ No \_\_\_\_

Where? \_\_\_\_\_

***Please enclose a copy of your certificate of attendance.***

9. Have you ever had a background check? (age 18 years and older)

If so, when and where \_\_\_\_\_

10. Do we have your permission to run a background check?

Yes \_\_\_\_ No \_\_\_\_

## **CONFIDENTIAL**

### **11. DECLARATION**

We, who administer courses in the training of youth and adults through the Royal School of Church Music in America, are committed to the safety of all involved. In addition to providing musical and spiritual instruction of the highest available caliber, we intend to safeguard the physical, mental, spiritual, and emotional stability of participants and staff while under our supervision. You are therefore requested to provide the following information.

Have you ever been convicted of a criminal offense?

☐Yes ☐No

Have you ever been found by a civil court to have caused significant harm to a child or young person under the age of 18, or has any civil court made any finding against you that any child or young person under the age of 18 was at risk of significant harm?

☐Yes ☐No

### **Declaration Statement:**

***I declare that all the information I have provided is true and complete to the best of my knowledge.***

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the Course/Event Manager.



## **Adult Participant & Staff Reference Form for Summer Courses**

Dear Sir or Madam:

\_\_\_\_\_ is registering to attend one of the Summer Courses sponsored by the Royal School of Church Music in America. These summer courses provide a place where people can share in the joy of community, the thrill of musical growth, and the peace of renewal. We who administer these courses are committed to the safety of all involved. In addition to providing musical and spiritual instruction of the highest available caliber, we intend to safeguard the physical, mental, spiritual, and emotional stability of participants and staff while under our supervision.

To that end, we ask you to provide the following information regarding this person. Kindly send it in the enclosed envelope directly to the Course Manager. Please know that all information will be kept securely and in strict confidence. We are grateful to you for your assistance to us in this matter.

Sincerely,

RSCM America Board of Directors

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How do you know this person?

How long have you known this person?

In what capacity have you seen this person interacting with children or youth?

Would you trust this person to interact with children and youth?

Is there anything you know about this individual that would make it inappropriate for him/her to be present with children and youth?

Do you have any knowledge that this person has been convicted of a criminal offense?

☐ Yes      ☐ No

To your knowledge has this person ever been found by a civil court to have caused significant harm to a child or young person under the age of 18, or has any civil court made any finding against him/her that any child or young person under the age of 18 was at risk of significant harm?

☐ Yes      ☐ No

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_



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☐ Yes      ☐ No

Signed: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_



I grant to the Episcopal Diocese of North Carolina, RSCM America, RSCM International and the RSCM Carolina Course for Girls and Adults - 2014 the right to take, copyright, and publish photographs, audio, or video footage of me in print and/or electronically. This release is also to include the websites and/or Facebook pages of said entities.

I agree that The Episcopal Diocese of North Carolina, RSCM America, RSCM International and RSCM – Carolina Course for Girls and Adults may use such photographs and recordings as publicity, or advertising to further their ministries and musical activities, and I waive any right to compensation, royalties, or ownership.

Adult Participant's name\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please mail this form to: Marilyn Neely, Registrar  
1765 W. Pennsylvania Avenue, Southern Pines, NC 28387***

Participant's Name \_\_\_\_\_

*Please plan so you arrive at Saint Mary's School  
Before 5 pm on Monday, July 7, 2014*

**Travel - Arrival to and Departure from Course:**

I will be arriving and departing by: Car \_\_\_\_\_ Plane:\* \_\_\_\_\_ Other: \_\_\_\_\_

\*Arrival: Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Participants will be met at baggage claim at the **Raleigh-Durham International Airport (RDU)**

\*Departure: Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Please arrange airline departures for no earlier than 7:15 pm on Sunday  
from the Raleigh-Durham International Airport (RDU).*

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**Roommate Request:**

List your roommate choices below and we will attempt to assign roommates accordingly.

Roommate Choice 1: \_\_\_\_\_

Roommate Choice 2: \_\_\_\_\_

*Please mail this form to:*  
**Marilyn Neely, Registrar**  
**1765 W. Pennsylvania Avenue**  
**Southern Pines, NC 28387**