

FOR OFFICE USE ONLY

Applicant Name _____

Date Application Received _____ Type Position _____

Interviewed by: _____ Date Interviewed _____

SUMMER CAMP RESIDENTIAL STAFF APPLICATION

Holston Conference Camp and Retreat Ministries, Inc.

(PLEASE TYPE OR PRINT - MAIL COMPLETED FORM TO CAMP WHERE APPLYING)

Type of position for which you are applying: (circle)

Volunteer

Hired

Holston Conference Camp: (circle)

Buffalo Mountain

Dickenson

Lookout

Wesley Woods

Position: (circle)

Junior Staff

Support Staff

Kitchen Staff

Counselor

Specialty Staff (specify) _____

Resource Staff (specify) _____

I. GENERAL INFORMATION:

Full Name _____ Social Security # _____

Birth Date (if under 21) _____ Gender _____

Permanent Address _____ Phone (home) _____

_____ Phone (work) _____

Current Mailing Address _____ Phone (cell) _____

_____ Email _____

For students, if phone is different in May: _____

List Counties and States lived in since age 16: _____

II. EDUCATION (INCLUDE SCHOOLS ATTENDED OR ATTENDING):

High School _____ Year of Graduation _____

College _____ Year of Graduation _____

Degree Expected or Granted _____ Post-Grad. Schooling _____

Are you presently enrolled in school? _____ Where? _____

Indicate your present grade level _____

III. PREVIOUS CAMP EXPERIENCE:

Camper or Staff?	Camp	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. PRESENT AND/OR PREVIOUS EMPLOYMENT (LIST LAST THREE POSITIONS):

Dates	Employer	Address/Phone	Nature of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. REFERENCES:

List three adults (one parent or immediate guardian, and two persons not related to you) who have definite knowledge of your character and your qualifications for the position for which you are applying. At least one should have definite knowledge of your experience supervising children and/or youth. **PLEASE GIVE COMPLETE ADDRESS, INCLUDING CITY AND ZIP CODE.** References will be contacted.

Name	Address	Position
1 _____	_____	_____
Phone and Email _____	_____	_____
2 _____	_____	_____
Phone and Email _____	_____	_____
3 _____	_____	_____
Phone and Email _____	_____	_____

VI. RELIGIOUS ACTIVITIES, INTERESTS, AND EXPERIENCE?

Where is your church membership? _____

List any local church involvement (leadership or teaching, etc.): _____

Name, Address and Phone # of a pastor who can reference for you: _____

VII. CAMP ACTIVITIES, INTERESTS AND SKILLS:

Can you swim?_____ Do you hold current Life Saving, Lifeguarding or Water Safety Instructor Certificate?_____

Give date and place of certification _____

Do you hold current First Aid Certificate? _____ Type _____

Do you hold current CPR Certificate? _____ Type _____

Do you hold any other types of certifications (i.e., canoeing, sailing, etc.)? If so, indicate type and dates of certification. _____

Are you a licensed driver?_____ Can you operate a manual transmission? _____ Are you interested in receiving training to qualify as a driver for camp activities? _____

In the following list, put a "1" before those activities you can organize and teach as an expert; "2" for those activities in which you can assist in teaching; "3" for those which are just your hobby. Leave blank any areas that you lack interest and/or skill.

RECREATION

- ___ Fire-Building
- ___ Lashing
- ___ Orienteering
- ___ Night Hike
- ___ Hiking
- ___ Outdoor Cooking
- ___ Overnight Camping
- ___ Ropes & Knots
- ___ Tool-Craft
- ___ Pitching Tents
- ___ Backpacking
- ___ Informal Games
- ___ Rock Climbing
- ___ Caving

- ___ Canoeing
- ___ Kayaking
- ___ Crafts
- ___ Nature Study
- ___ Snorkeling
- ___ Ropes Course/High-Low
- ___ Rappelling
- ___ Fishing
- ___ Mountain Biking

RELIGIOUS

- ___ Bible Study
- ___ Small Group Worship
- ___ Cabin Devotions
- ___ Lead Worship

GROUP SKILLS

- ___ Lead Discussions
- ___ Problem Solving
- ___ Lead Campfires
- ___ Role Playing

DANCES

- ___ Folk
- ___ Square

MUSIC/DRAMA

- ___ Lead Singing
- ___ Vocal Solo
- ___ Instruments (List)
- ___ Drama

VIII. SCHOOL AND OTHER LEADERSHIP:

School or related groups to which you belong: _____

Offices Held: _____

IX. CHILD CARE EXPERIENCE:

List and describe any experience you have had caring for or supervising children and/or youth:

X. DESCRIPTIVE INFORMATION:

Please answer the following questions (use another sheet of paper to record your responses.)

1. Describe your Christian faith understanding and experience.
2. What contributions do you think a well-run Christian camp can make in the life of a young person?
3. What are your goals for the summer?
4. What do you consider to be your main qualifications for the position for which you are applying?
5. Write a brief biographical sketch including particular information that might have a bearing on the position for which you are making application

XI. SCREENING

Do you have any criminal convictions for child abuse or sex-related crimes? _____ If yes, please explain.

Have you read and signed the Volunteer and Hired Staff Disclosure Form? _____

Have you read and signed the Policies Specific to Summer Camp Community? _____

Do you have a Social Networking Website (MySpace, Facebook, etc.) _____ If so, please provide your URL address so that your site(s) can be included in the screening process. _____

A "friend" request will be sent to your site in the name of the camp to which you have applied.

XII. PERSONAL AVAILABILITY

Prior to a personal interview, each applicant must submit a completed:

Summer Camp Staff Application

Volunteer and Hired Staff Disclosure Form (RE Criminal Background)

Policies Specific to Summer Camp Community (signed to indicate knowledge of content)

When and where are you available for an interview? _____

If accepted for employment, what are the dates you could work? From _____ To _____

If accepted for volunteer service, what week(s) do you wish to volunteer? _____

Are there any times that you know you need to be absent from work? _____ If so, please give details: _____

XIII. CONDITIONS OF EMPLOYMENT:

The following must be provided:

A Criminal Background Check from all counties of residence during last seven years of adult life

An Employee Health Form

US Government I-9 and W-4 Forms

Your Motor Vehicle Record if you will be involved in camp transportation. _____

A prescribed training program must be completed prior to service.

License #

State

Date of Birth

XIV. MAILING ADDRESSES:

Camp Buffalo Mountain
241 Methodist Camp Road
Jonesborough, TN 37659
(423) 753-6678
buffalomountain@hotmail.com

Camp Dickenson
801 Dickenson Lane
Fries, VA 24330
(276) 744-7241
campdickenson@hughes.net

Camp Lookout
3130 Highway 157
Rising Fawn, GA 30738
(706) 820-1163
don@camplookout.com

Camp Wesley Woods
329 Wesley Woods Road
Townsend, TN 37882
(865) 448-2246
wvcampn@aol.com

APPLICANT'S CERTIFICATION

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and statements made by me in this application (and accompanying resume, if any) are correct and complete. I understand that misrepresentation or omission of facts in this application may disqualify me from further consideration for employment, and may result in my discharge from employment, if discovered at a later date.

I understand that if I am employed, my employment may be terminated at any time by either myself or Holston Conference Camp and Retreat Ministries, Inc. for any reason, with or without notice. I agree that, should I be employed, said employment will be at-will and will not be governed by any contract, either express or implied.

I hereby authorize Holston Conference Camp and Retreat Ministries, Inc. or its designee to contact any or all of my references, churches, youth organizations, charities and former employers to inquire about my past job performance, education, personal character and any other topic deemed relevant by Holston Conference Camp and Retreat Ministries, Inc. I hereby authorize and agree that a criminal background check be conducted. I further agree that I will hold those individuals and entities who respond to requests for information harmless for any information they provide as a result of such contact, and release them from liability for the result of any such information. I hereby waive any right that I may have to inspect any information provided about me by any person or organization in the course of complying with this authorization.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also expressly consent to submit to any physical examination that may be required of me, including drug and/or alcohol testing upon request both prior to and, if employed, during employment with Holston Conference Camp and Retreat Ministries, Inc. If I am employed, I understand and agree that I will be bound by the policies of Holston Conference Camp and Retreat Ministries, Inc.

Date

Applicant's Signature

THIS APPLICATION EXPIRES AFTER THE 2010 SUMMER CAMP SEASON.