

CAMP ALLEN SUMMER CAMP

2012 RESIDENT CABIN COUNSELOR APPLICATION

WHAT WE'RE LOOKING FOR:

Applicants should be enthusiastic young adults who are committed to being positive role models for our campers and counselors. All persons considering the application process should be passionate about leadership through service, and should possess a strong, growing relationship with Jesus Christ. You must be at least 18 years old at the time of service, and be a high school graduate. Summer Camp experience isn't a necessity to apply.

Due to the extensive responsibilities and extremely long hours this position demands, we ask that you enter this application process with prayerful consideration.

APPLICATIONS SHOULD INCLUDE THE FOLLOWING:

1. **Application** completed in its entirety (including picture).
2. Completed **Health History** form with signature.
3. **References:** If the applicant participated in Camp Allen's Summer Camp program last year (in an capacity) and has a file on record they must complete ONE 2012 Reference Form and send it in directly to the summer camp office. Applicants new to Camp Allen must turn in THREE 2012 Reference Forms.

MAIL APPLICATION, HEALTH HISTORY, AND REFERENCES TO:

Drew Day
Summer Camp Director
Camp Allen
18800 FM 362
Navasota, TX 77868

After the summer camp office has received your application, you will be contacted by the Summer Camp Director to schedule an interview. If you have any questions regarding the application process, please contact Drew Day at 936-870-2406 or drewd@campallen.org.

REMEMBER:

- ✓ Applications should be turned in as soon as possible!
- ✓ An interview will be scheduled after the completion of your application.
- ✓ Make sure we can read your handwriting. Type the application if you anticipate this being a problem.
- ✓ The Application deadline is April 19th but please apply early.

CAMP ALLEN SUMMER CAMP 2012 RCC APPLICATION

MAIL TO:

Drew Day, Summer Camp Director
Camp Allen
18800 FM 362
Navasota, TX 77868

Attach a recent photo here.

APPLICANT INFORMATION:

Name: _____ E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ___/___/___ Social Security #: _____ D.L. Number & State: _____

Your Permanent Address _____ / _____ / _____

_____ Street City State Zip
Your School Address (if applicable) _____ / _____ / _____
_____ Street City State Zip

Home Church: _____ Location: _____

Church You Are Currently Attending (if different): _____ Location: _____

University or College: _____ Circle Classification: FR. SOPH. JR SR GRAD

Major: _____ High School Graduation Date: _____

WORK EXPERIENCE: Please list previous places of employment and/or volunteer positions (if any).

	<u>Company</u>	<u>Position</u>	<u>City/State</u>	<u>Dates</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

REFERENCES: Please list the three people you have asked to send in reference forms. (Note that only one reference is needed if you attended Camp Allen in 2011). Include at least one Employer and one Ministry Supervisor (Youth Minister, Education Director, Rector/Pastor, Program Director etc.). Please do not ask friends or family to be a character reference. TELEPHONE NUMBER AND EMAIL ARE REQUIRED.

Name _____
Telephone (_____) _____
Email _____

Name _____
Telephone (_____) _____
Email _____

Name _____
Telephone (_____) _____
Email _____

Describe the nature of your relationship with Jesus Christ.

What are some things you do to grow in your relationship with God? Be specific.

In what ways are you growing spiritually right now? What is God teaching you?

This job requires long hours and can be difficult. Why is it important to take care of yourself physically? What are the potential consequences of not taking care of yourself?

How would you describe your ability to respect and follow the rules? Do you have any problems submitting to authority?

Do you currently use any variety of drug, tobacco, or alcohol? If yes, please explain thoroughly. The use of any drugs, tobacco, or alcohol while employed by Camp Allen is prohibited. If you answered "yes" to any of the above, are you willing to forego any and all use of said substances?

Have you ever been treated for any kind of emotional, mental, psychological, chemical, or behavioral conditions? Please include minor conditions such as ADD or ADHD. If yes, list date(s) and explain.

Have you ever been convicted of a crime or accused of criminal activity? If yes, explain fully.

Will you give Camp Allen permission to submit a criminal and sex offender Background Check? YES NO

CERTIFICATION & RELEASE:

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In relation to my serving in The Episcopal Diocese of Texas, I understand and authorize the access of public information from various federal, state and other agencies maintaining information regarding any public information.

I also understand that this information may be accessed during my service and up to thirty (30) days after separation from this diocese. I hereby consent to you obtaining various public record information and other information from Diocesan / Church employers or agencies, by Texas Dept. of Public Safety and /or any other party or agency in accordance with the Fair Credit Reporting act and any and all state and federal laws.

Printed Name: _____

Signature: _____

Date: ____ / ____ / ____

CAMP ALLEN SUMMER CAMP

2012 STAFF HEALTH HISTORY FORM

Name: _____ Birth Date: _____ Sex: _____ SS# _____
Home Address: _____ City: _____ State: _____ Zip: _____

Parent or Guardian: _____ Home Ph: (____) _____
Relationship to Contact: _____ Work Ph: (____) _____
Email Address: _____ Cell Ph: (____) _____

Emergency Contact (please do not list parent/guardian here):

Emergency Contact Name: _____ Phone: _____
Relationship to Contact: _____

Name of personal physician _____
Physician's phone number _____
Physician's address _____

Insurance Company: _____ Policy #: _____
Address: _____ Phone: _____

Allergy _____	Allergic Response _____
Allergy _____	Allergic Response _____
Allergy _____	Allergic Response _____
Allergy _____	Allergic Response _____

Operations/Serious Injuries/ Dates _____
Chronic or Recurring Illnesses (Asthma, Migraines, Upper Respiratory) _____

If you have any other conditions or health related information which our medical staff would need to know please write that information here: _____

Medications at camp: List drug, dosage and condition requiring the medication.

Drug _____	Dosage _____	Prescribed for _____
Drug _____	Dosage _____	Prescribed for _____
Drug _____	Dosage _____	Prescribed for _____
Drug _____	Dosage _____	Prescribed for _____

List any over-the-counter oral, topical, or instilled medications that you cannot or should not receive should any minor symptoms develop: _____

Tetanus (should be within last 5 years) _____

This health history is true and accurate to the best of my knowledge. In the event of an illness or emergency, I hereby give permission for the staff of Camp Allen to authorize medical treatment of myself by licensed healthcare professionals and when necessary, authorized transportation to and from the medical facilities by Camp Allen employees. I hereby agree to release from liability and hold harmless Camp Allen, the staff, the Board of Directors, the Diocese of Texas, its agents and assigns, from any legal action associated with injury to myself except in cases of gross negligence.

Signature: _____ Date _____

CAMP ALLEN SUMMER CAMP 2012 REFERENCE FORM

Name of Applicant: _____

Name of Reference: _____

The applicant above is interviewing for a position at Camp Allen. We want to hire enthusiastic and dependable peer leaders who have the ability to interact successfully with children and adults. Please evaluate the applicant honestly and thoroughly.

PERSONAL QUALIFICATIONS

From your personal knowledge of the applicant, please rate the following as compared to their peers. Place an "X" in the appropriate space for each line. If you cannot accurately evaluate one of these attributes write "NA" on that line.

	Outstanding	Above Average	Average	Needs Improvement	Poor
Teachable					
Leadership ability					
Follows Instructions					
Emotional Stability					
Sense of Humor					
Trustworthy					
Integrity					
Takes Initiative					
Team Player					
Respectful of Authority					
Responsibility					
Spiritual Maturity					
Temper Control					
Sensitivity					
Community Living Skills					

Please list three strengths this applicant brings to this position:

1. _____ 2. _____ 3. _____

Comments:

Please list three areas of concern for the applicant (areas to improve in / weaknesses):

1. _____ 2. _____ 3. _____

Comments:

PERSONAL ACQUAINTANCESHIP

How long and under what circumstances have you known the applicant?

Family friend Baby sitter Youth group Employer Mentor Teacher

Other: _____

Does the applicant have a genuine interest in working with children/youth?

We ask our summer staff to be exceptional leaders and role models; is there any reason why the applicant should not work with children? Please explain.

Have you known the applicant to demonstrate any of these behavioral issues?		
Promiscuity, drugs or alcohol:	YES	NO
Severe anxiety or impatience:	YES	NO
Prejudiced towards groups, races, or nationalities:	YES	NO
Given to exclusive and absorbing friendships, i.e. "crushes" or "cliques":	YES	NO
Lacking in humor, excessive sarcasm, uses humor as a weapon or insult:	YES	NO
Tendency to use explicit language:	YES	NO

If any of these were noted, please comment, describing the frequency and intensity of the behavior.

Any other comments:

Print name: _____

Signature: _____ Date: _____

Position or title: _____

Phone number: _____

Email: _____

We appreciate your time and effort in completing this reference form.

PLEASE RETURN PROMPTLY TO:

Drew Day, Summer Camp Director
Camp Allen
18800 FM 362
Navasota, TX 77868
936-825-8495 (fax)
936-870-2406 (direct)
drewd@campallen.org

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