

## SUMMER CAMP 2007 @ PHOEBE NEEDLES - STAFF APPLICATION

Please read the information on this page carefully **before** filling out the application. We ask that you neatly **print in pen or type** the application please. Your Social Security Number **must** be included for your application to be considered. The Summer Camp 2007 @ Phoebe Needles is a program of The Phoebe Needles Center in the Episcopal Diocese of Southwestern Virginia. **Applications should be returned within two weeks of receipt for consideration.** Thank you.

Name \_\_\_\_\_  
(first) (middle) (last) (preferred)

Present Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home/Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth / / Height \_\_\_ Weight \_\_\_ T-shirt size \_\_\_

Parent/Guardian (if under 21) \_\_\_\_\_ Telephone \_\_\_\_\_

Person to notify in case of an emergency \_\_\_\_\_

Day time phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Relationship to that person \_\_\_\_\_

Do you have any physical, mental, and/or emotional conditions that might interfere with your ability to perform the position for which you are applying? If so, please describe, or state "none".

Have you ever been convicted on any charge other than a traffic violation?  
If so, please explain

**EDUCATION**

High School/College Attended	Grade/Class Completed this academic year	Date of Degree
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**EMPLOYMENT HISTORY**

Have you ever worked with children/youth? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What ages? \_\_\_\_\_

**List your last two employers.**

Company Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Dates Employed \_\_\_\_\_

Please describe your responsibilities

May we contact them?      Yes      No      (please check one)

Company Supervisor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Dates Employed \_\_\_\_\_

Please describe your responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact them?      Yes      No      (please check one)

### **INSURANCE INFORMATION**

Do you have any type of medical insurance?      Yes      No      (please check one)

Name and address of company with which you have coverage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group/Individual Policy Number \_\_\_\_\_

Telephone number \_\_\_\_\_

Identification Number \_\_\_\_\_

If included on a family plan, give the name of qualifying member enrolled

\_\_\_\_\_

## CERTIFICATIONS/SKILLS

Basic First Aid	CPR	EMT
High/Low Ropes Course	Climbing/Rappelling	Canoeing
WSI	Lifeguard Certification	Other

Please indicate your level of experience in the following areas by placing a 1-5 in the space provided.

1 = inexperienced  
2 = some knowledge  
3 = average knowledge  
4 = have instructed  
5 = have been lead instructor

Group Initiatives_____	Rappelling_____	Wilderness survival_____
Low Ropes Course_____	Rock Climbing_____	Building construction_____
High Ropes Course_____	Rope Rescue_____	Orienteering_____
Hiking_____	Backpacking_____	Camp site selection_____
Canoeing_____	Environmental education_____	

Do you play a musical instrument? If yes, what instrument?

Are you able to lead others in singing?      Yes              No

Are you affiliated with the Episcopal Church? If yes, what church?

Do you smoke?      Regularly      Occasionally      Socially      Never

Do you have any tattoos that are visible when wearing a swim suit?      Yes      No

Do you have piercings (other than ears) that are visible when wearing a swim suit?  
Yes              No

Do you have a web site or myspace.com site, or other web site?      Yes              No

If yes, what is the address (es)?

In the space provided, please share any additional experience, talents or skills you feel may be applicable to this position (i.e. personality, creative, photographic, athletic, etc.) How will you be an asset to our camp program?

## REFERENCES

Please require **complete** information for three persons (**who are not relatives or peers**) who know you well and are willing to supply data regarding your qualifications for this position. Please list the persons below. We will contact your references by telephone, and request further information in writing if we deem it to be necessary.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge. The Phoebe Needles Center has my permission to investigate any of the information in this application, as well as any information regarding my character and/or ability to work with children.

I understand that the Summer Camp 2007 @ Phoebe Needles is a program of the Episcopal Church in the Diocese of Southwestern Virginia; and as such has certain standards of conduct and appearance. If my application is accepted, I can be depended upon for my full cooperation in maintaining those standards. I further understand the importance of remaining at Phoebe Needles and fulfilling my obligations until the expiration date of my agreement or contract.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed application or direct your questions to:

The Phoebe Needles Center  
732 Turners Creek Road  
Callaway, Virginia 24067-5814  
(540) 483-1518 (800) 848-1677  
Fax (540) 483-2235 Email [PNCenter@gmail.com](mailto:PNCenter@gmail.com)  
Web Site: [www.phoebeneedles.org](http://www.phoebeneedles.org)

The Phoebe Needles Center is committed to a policy of equal opportunity for all applicants and employees without regard to race, sex, color, religion, national origin, sexual orientation, handicap or veteran status.

11/2006