

SUMMER CAMP 2010 @ 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 2010 @ 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 _____

Date of Birth ____/____/____ Height _____ Weight _____ T-shirt size _____

Name of Parent(s)/Guardian(s) (if under 21) _____

Home/Permanent Address _____

City, State, Zip _____

Telephone _____ Email _____

Person to notify in case of an emergency _____

Daytime 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

EMPLOYMENT HISTORY

In what capacity have you ever worked with children/youth? _____

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 (check any current certifications)

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

_____ Group Initiatives _____ Rappelling _____ Wilderness survival
_____ Low Ropes Course _____ Rock Climbing _____ Building construction
_____ High Ropes Course _____ Rope Rescue _____ Orienteering
_____ Hiking _____ Backpacking _____ Camp site selection
_____ Canoeing _____ Art & Crafts _____ 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, facebook, or myspace page or other web site? _____ Yes _____ No

If yes, provide the complete address(es)? _____

How will your skills, personality, and character contribute to our camp program?

Describe a recent example of your leadership skills?

Describe how you will be a role model for campers.

REFERENCES

Please provide **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 2010 @ 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
Web Site: 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.

12/2009