



# PHOEBE NEEDLES CENTER, INC. 2020 SUMMER CAMP STAFF APPLICATION

Please read the information on this page carefully before filling out the application. **WE ASK THAT YOU NEATLY PRINT IN BLACK PEN OR TYPE THE APPLICATION.** The Summer Camp 2020 @ Phoebe Needles is a program of Phoebe Needles Center, Inc. and the Episcopal Diocese of Southwestern Virginia. **Applications are considered on a first come first served basis.** Thank you.

This application is for:  Residential Camp  Day Camp

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

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

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

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Gender \_\_\_\_\_ Email \_\_\_\_\_

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

Name of Parent(s)/Guardian(s) \_\_\_\_\_

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

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

Primary Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

Primary phone number \_\_\_\_\_ Secondary phone number \_\_\_\_\_

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

Do you have any physical, mental, and/or emotional condition(s) 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? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain \_\_\_\_\_

Are you available 100% of the time from June 13<sup>th</sup>, 2020 through August 8<sup>th</sup>, 2020? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION

High School/College Attended

Grade/Class Completed  
this academic year

Date of Degree

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

**EMPLOYMENT HISTORY**

In what capacity have you worked with children/youth? \_\_\_\_\_  
\_\_\_\_\_

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

List your **two most recent** employers. Fill in **all** information.

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	_____ Babysitting
_____ Water Safety Instructor	_____ Lifeguard Certification	_____ Other _____

Please indicate your level of experience in the following areas by placing a 1, 2, or 3 in the space provided.

1 = inexperienced 2 = have some knowledge 3 = have instructed

_____ Group Initiatives	_____ Rappelling	_____ Skits & Songs
_____ Low Ropes Course	_____ Rock Climbing	_____ Building construction
_____ High Ropes Course	_____ Rope Rescue	_____ Hiking
_____ Backpacking	_____ Art & Crafts	_____ Environmental education
_____ Caving	_____ Outdoor Cooking	_____ Group Games

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? \_\_\_\_\_

Are you affiliated with any religious body? \_\_\_\_\_ If yes, what faith? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Socially \_\_\_\_\_ Never

What is your swimming ability? \_\_\_\_\_ Advanced \_\_\_\_\_ Intermediate \_\_\_\_\_ Beginner

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 website, Facebook page, or blog? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the **complete** address(es)? \_\_\_\_\_

*(Like Phoebe Needles Center, Inc. Facebook page before submitting your application)*

Describe why you want to work at our summer camp program.

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

Describe a recent example that illustrates your leadership skills.

## 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 email or 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. Phoebe Needles Center, Inc. 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 2020 @ 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 of fulfilling my obligations until the expiration date of my agreement or contract.*

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

**Please return your completed application or direct your questions to:**

Phoebe Needles Center, Inc.  
732 Turners Creek Road  
Callaway, Virginia 24067-5814  
(540)-483-1518  
Fax (540)-483-2235  
Email [PNCenter@gmail.com](mailto:PNCenter@gmail.com)  
Website: [www.PhoebeNeedles.org](http://www.PhoebeNeedles.org)

*Phoebe Needles Center, Inc. is committed to a policy of equal opportunity for all applicants and employees without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability, or genetic information.*