



PHOEBE NEEDLES CENTER, INC. 2021 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 2021 @ 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 May 29th, 2021 through July 25th, 2021? _____ 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 2021 @ 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
Website: 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.