

CAMP ALLEN SUMMER CAMP

2010 CABIN COUNSELOR and FLOATER APPLICATION

MAIL TO:

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

Attach a recent photo here.

COUNSELOR TRAINING PROGRAM: Choose the CTP that you are able to attend.

- March 6 - 7, 2010 Camp Allen
- March 20 - 21, 2010 Camp Allen

APPLICANT INFORMATION:

Name _____ Social Security # _____

Home Address _____
Street City St. Zip

Home Phone () _____ Cell Phone () _____ T-shirt size: YL S M L XL 2XL

E-Mail Address: _____ Age _____ Date of Birth: ____/____/____

High School _____ Current 2009-2010 Grade: _____

Home Church _____ City _____

COUNSELING EXPERIENCE: Have you counseled for Camp Allen's Summer Camp before? YES NO
If yes, please list the approximate dates and the Session Directors you served, with most recent first.

Date _____ Session Director _____

Date _____ Session Director _____

Date _____ Session Director _____

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 three people you will ask to send in references. (Note that only one reference is needed for returning counselors). Reference sheets are attached to the end of this application. 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 _____

Explain why you would like to be a Cabin Counselor. What are your expectations for this experience?

Please list the qualities that would make you a great Cabin Counselor.

What do you see as your greatest role and responsibility as a Cabin Counselor?

Briefly describe how you began your relationship with Jesus Christ. How has that experience changed you?

Describe the nature of your current relationship with Jesus Christ

In your opinion, how does the ministry of *servant-hood* fit into the role of Cabin Counselor?

Do you have any special skills, abilities or interests? (i.e. second languages, musical talents, athletic abilities, artistically gifted, photography, polka dancing etc)

How would you describe your ability to respect and follow the rules? Do you have any problems submitting to an 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, explain fully. Yes No

Have you ever been convicted of a crime or accused of criminal activity? If yes, explain fully. Yes No

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

Have you attended a Safeguarding God's Children Training? Yes No
If so, please give date and location of training. Date: _____ Location: _____

SELF CHARACTER EVALUATION:

Place an "X" on the scale for each line

	Outstanding	Above average	Average	Needs Improvement	Poor
Teachable	{				}
Leadership Ability	{				}
Dependability	{				}
Emotional Stability	{				}
Intelligent	{				}
Patient	{				}
Sense of Humor	{				}
Trustworthy	{				}
Follows Through	{				}
Tactful	{				}
Team Player	{				}
Initiative	{				}
Organized	{				}
Temper Control	{				}
Sensitivity	{				}
Peer Motivator	{				}

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

2010 HEALTH HISTORY FORM

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

Parent or Guardian: _____ Home Ph: () _____
 Relation to Camper: _____ Work Ph: () _____
 Email Address: _____ Cell Ph: () _____

If Parent or Guardian is not available in an emergency, notify the person below:

Name: _____ Phone: _____
 Relationship to camper: _____
 Insurance Company: _____ Policy #: _____
 Address & Phone: _____ 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) _____

Prescribed medication MUST be in an original pharmacy container with the camper's name, date, instructions and Dr.'s name on the label. A physician's signed note is needed to accompany any "sample medication". All over-the-counter medications must have age appropriate instructions and be pre-expiration date.

Medications being sent with camper: 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 camper cannot or should not receive should any minor symptoms develop: _____

Each swimmer receives a solution of alcohol eardrops after each swim to aid in the prevention of swimmer's ear unless the child has tubes in their ear or it is designated otherwise below.

Do you have a history of earaches? No ___ Yes ___ Can you receive eardrops at camp? No ___ Yes ___
 Do you have tubes in ears? No ___ Yes ___ If yes, which ear? Right ___ Left ___

Please complete immunization records fully with day/mo/yr of vaccination:

DTP Series	1.	2.	3.	4.	5.
Polio OPV Series	1.	2.	3.	4.	
MMR Series	1.	2.			
Hep. B	1.	2.	3.		
Varicella or Chicken Pox	1.				
Tetanus Shot	1.	(Must be within the last 10 years)			

This health history and immunization report 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 my child by licensed healthcare professionals and when necessary, authorized transportation to and from the medical facilities employed in the care of my child. 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 my child, except in cases of gross negligence.

Signature: _____ Date: _____

(Must be a parent/guardian if camper is under 18)

CAMP ALLEN SUMMER CAMP 2010 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, by indication with an "X" in the appropriate space.

	Outstanding	Above Average	Average	Needs Improvement	Poor
Teachable					
Leadership ability					
Follows Instructions					
Emotional Stability					
Sense of Humor					
Trustworthy					
Integrity					
Initiative					
Team Player					
Respectful of Authority					
Responsibility					
Follows through ability					
Temper Control					
Sensitivity to others					
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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