



CABIN COUNSELOR / ACTIVITY LEADER APPLICATION

CAMP WEED SUMMER 2010

Return to: Jude Holcomb
325 N. Market St.
Jacksonville, Fl 32202
jholcomb@diocesefl.org

Please attach a recent photo

Applicant Information:

(Please print or type)

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY #	GENDER	BIRTHDATE
				M F	___/___/___

HOME/PERMANENT ADDRESS	CITY	STATE	ZIP CODE
COLLEGE ADDRESS	CITY	STATE	ZIP CODE

HOME PHONE # () -	CELL PHONE # () -	DRIVER'S LICENSE #	RELIGION/DENOMINATION
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EMAIL ADDRESS THAT YOU CHECK OFTEN	LIST ANY DATES YOU ARE NOT AVAILABLE TO WORK BETWEEN JUNE 6 AND AUGUST 10. PRIORITY WILL BE GIVEN TO APPLICANTS WHO ARE ABLE TO SERVE ALL SUMMER.
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Position you are applying for: 1st choice _____ 2nd choice _____

If Activity Leader, specify activity: 1st choice _____ 2nd choice _____

Have you ever attended Camp Weed as a Camper? Y N

Have you ever served on the Camp Weed staff? Y N

Have you ever worked for another camp? Y N
If yes, where and in what capacity? _____

Were you ever selected to serve as a Camp Weed CIT? Y N
If yes, when? _____

Do you feel you are mature enough to perform your job as a Counselor/Activity Leader including directing campers who may be your age or your friends? Y N

Health and Background Information

Prior to reporting to work, Camp Weed requires a background check on prospective staff members. In addition, you are required to complete the camp health form and 3 references.

Do you have any physical, mental, or emotional problems that might interfere with your ability to perform your assigned duties? If yes, please explain. Y N

Have you ever been convicted of a crime, including any sexual, drug or alcohol offense? If yes, please explain. (omit minor traffic offenses) Y N

Education and Work Experience:

HIGH SCHOOL	DATE OF GRADUATION	ACTIVITIES & ACCOMPLISHMENTS
COLLEGE	YEAR	MAJOR

DATES	EMPLOYER	PHONE #	YOUR POSITION TITLE	DESCRIBE YOUR JOB
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Program Skills:

Please indicate your ability in teaching the following areas by putting a "T" if you can teach or lead campers in the activity and 'A' if you are somewhat knowledgeable and able to assist another instructor.

Adventure/Camp craft:

- ___ Low Ropes Course
- ___ High Ropes Course
- ___ Initiative/bonding games
- ___ Orienteering
- ___ Hiking
- ___ Outdoor cooking
- ___ Tent camping/overnight

Arts and Crafts:

- ___ Ceramics/pottery
- ___ Religious crafts
- ___ Weaving/macramé
- ___ Painting
- ___ Sketching/drawing
- ___ Nature crafts
- ___ Woodworking
- ___ Leatherwork
- ___ Metalworking
- ___ Beadwork
- ___ Jewelry Making
- ___ Tie Dye

Dramatics:

- ___ Creative
- ___ Play Directing
- ___ Skits and stunts

Music:

- ___ Lead singing
- ___ Percussion
- ___ Guitar
- ___ Piano
- ___ Other _____

Nature:

- ___ Animals/animal care
- ___ Astronomy
- ___ Weather
- ___ Gardening
- ___ Insects/snakes/reptiles
- ___ Flowers, trees, shrubs
- ___ Environmental

Education programs:

- ___ Sign Language

Sports:

- ___ Archery
- ___ Archery certified
- ___ Baseball
- ___ Fishing
- ___ Frisbee
- ___ Mountain Biking
- ___ Informal games
- ___ Basketball
- ___ Soccer
- ___ Softball
- ___ Kickball
- ___ Frisbee Golf
- ___ Volleyball
- ___ Other _____

Publications:

- ___ Photography
- ___ Journalism
- ___ Word processing

Waterfront:

- ___ Canoeing/kayaking
- ___ Diving
- ___ Swimming

Miscellaneous:

- ___ Worship services
- ___ Evening programs
- ___ Audio/Visual Equipment

Certifications and Training:

Check the boxes for which you hold current certification.

- Lifeguard
 WSI
 CPR
 Archery
 Belay trained
 First Aid
 WFR or WFA
 Other _____

Commitment of Applicant:

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with the same. I also understand that untrue, misleading or omitted information herein or in other documents that I may have completed may result in dismissal, regardless of the time of discovery by Camp Weed. I understand that Camp Weed has certain codes of conduct that I must adhere to. If my application is accepted, I can be depended on for my full cooperation in maintaining these standards and I understand the importance of remaining at Camp Weed and fulfilling my obligations until the expiration date of my contract.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

If applicant is under the age of 18

PLEASE RESPOND TO EACH QUESTION

(Please type or print)

1. How would you describe Jesus to a 12 year old?

2. Why do you want to work at Camp Weed? What qualities do you have that will make you a good counselor/activity leader?

3. What experience have you had working with children and youth?

4. Give a brief autobiography including how your faith has guided your life. (attach page if necessary)

5. Explain what you believe to be the major responsibilities of this job.

6. Camp Weed has implemented many changes for 2010. Do you see yourself as a team player willing to adjust to change without negative feelings or complaints? Explain.

FOR YOUR APPLICATION TO BE COMPLETE:

1. Complete and mail the Application
2. Copy and give 3 people who know you well a reference form (including your priest/pastor) and addressed envelope to be returned quickly
3. Complete and mail or bring the Medical Form to your interview. The section to be completed by a physician must be returned by June 1, 2010.

Applicants will not be hired until the above forms are received. Contracts will be issued on a rolling basis beginning in October. Applications will be accepted until all positions are filled.

CAMP WEED SUMMER 2010

Return to: Jude Holcomb
325 N. Market St.
Jacksonville, FL 32202
Counselor/Activity Leader selection will begin Oct. 2010.
Please return all forms in a timely manner.
jholcomb@diocesefl.org

REFERENCE FORM: Submit 3 – one of which is from your priest/pastor

The applicant listed below has applied to be a Counselor/Activity Leader at Camp Weed. Please complete the following reference form. All information will be kept confidential.

Applicant's Name: _____

Applicant's phone#: _____ Applicant's Email: _____

Please use the back page to discuss the strengths and weaknesses of this applicant.

Please rate each statement with a score of 5-1.

5 – Exceptional, 4 – Very Good, 3 – Good, 2 – Average, 1 – Poor

CATEGORY	SCORE	COMMENTS – Please add your thoughts
Applicant is a Christian example to peers.		
Applicant is respectful of rules even if he/she may not always agree with them.		
Applicant is a good choice for working with youth ages 7-17.		
Applicant shows maturity in leading peers.		
Applicant handles anger or disappointment in an appropriate manner.		
Applicant is willing to learn new skills.		
Applicant has a sense of humor.		
Applicant is able to get sweaty, dirty, and stinky without complaining.		
Applicant will work as a team member allowing others to have a voice.		
Applicant will take responsibility seriously.		
Applicant shows initiative and does not have to be given constant direction.		

Name: _____ Address: _____
Please print

Phone#: _____ Email: _____

How do you know applicant? _____ How long? _____

Signature: _____ Date: _____