

# 2012 CAMP WEED SUMMER STAFF APPLICATION



## *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
(    )    -	(    )    -		

EMAIL ADDRESS THAT YOU CHECK OFTEN	LIST ANY DATES YOU ARE NOT AVAILABLE TO WORK BETWEEN JUNE 3 AND JULY 31. PRIORITY WILL BE GIVEN TO APPLICANTS WHO ARE ABLE TO SERVE ALL SUMMER.

Position for which you are applying: 1<sup>st</sup> choice \_\_\_\_\_  
 2<sup>nd</sup> choice \_\_\_\_\_

(Positions available are 1. Cabin Counselor/Activity Leader 2. Design Team)

Have you ever attended Camp Weed as a Camper? Y      N  
 Have you ever served on the Camp Weed staff? Y      N  
     If yes, when and in what capacity? \_\_\_\_\_  
 Have you ever served as a Camp Weed CIT/LIT? Y      N  
     If yes, when? \_\_\_\_\_

## *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:*

HIGH SCHOOL	DATE OF GRADUATION	ACTIVITIES & ACCOMPLISHMENTS
COLLEGE	YEAR	MAJOR

*Work Experience:*

DATES	EMPLOYER	PHONE #	YOUR POSITION TITLE	DESCRIBE YOUR JOB

*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 \_\_\_\_\_

**PLEASE RESPOND TO EACH QUESTION**

(Please type or print)

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

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

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

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

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

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6. Do you see yourself as a team player willing to adjust to change without negative feelings or complaints? Explain.

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**FOR YOUR APPLICATION TO BE COMPLETE:**

1. Complete and mail, email, or fax the Application
2. Copy and give 3 people who know you well a reference form (including your priest/pastor). Give them an addressed/stamped envelope to return their completed form to the diocese.
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, 2012.

*Applicants will not be hired until the above forms are received. It is your responsibility to follow up on your references. Contracts will be issued on a rolling basis beginning in October. Applications will be accepted until all positions are filled.*

**Application Return Information:**

(Please return your application to *one* of the following places)

Mail: The Rev. Canon B. Wiley Ammons  
325 N. Market St.  
Jacksonville, FL 32202

Scan and Email: [wammons@diocesefl.org](mailto:wammons@diocesefl.org)

Fax: 904-355-1934  
ATTN: Canon Ammons

# CAMP WEED SUMMER STAFF 2012

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

*The applicant listed below has applied to be a Counselor 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: \_\_\_\_\_