



Summer Staff Application

Name: _____ T-shirt Size: _____

Position applied for (check all that you would consider)

- Weekly Director Camp Counselor Counselor in Training
- Medical Staff Co-Cooks Kitchen Help
- Bible Study Leader Activities Leader CPR/AED, (dated within 1 year)
- Music Leader Craft Leader Wilderness First Aid
- Lifeguard

Are you 18 years old or over Yes No

Mailing Address: _____

Email Address: _____

Phone (Home): _____ (Cell) _____

Camp Applying For: (Staff arrives 1 day before campers which is reflected below)

| | | | |
|----------------|--|------------------------|--------------------------|
| Challenge Camp | Special Needs Adults over 18 | July 2-8 | <input type="checkbox"/> |
| Chipmunks | Grades 1 st -2 nd | July 9-12 / July 16-19 | <input type="checkbox"/> |
| Science | Grades 3 rd -8 th | July 9 -15 | <input type="checkbox"/> |
| Music Night | Grades 3 th -8 th | July 16-22 | <input type="checkbox"/> |
| Owls | Grades 8 th -12 th | July 23-July 29 | <input type="checkbox"/> |
| Impact 716 | Grades 3 rd -12 th | July 30 –Aug 5 | <input type="checkbox"/> |

Church Affiliation _____ Phone: _____

Have you ever been to Camp Duffield? Yes No

If yes, in what capacity: _____

References: List three people (not relatives), with complete addresses and phone numbers

| Name | Address | City/State/Zip | Phone | Relationship |
|------|---------|----------------|-------|--------------|
|------|---------|----------------|-------|--------------|

What dates are you available for a phone interview? _____

Education:

Camping Experience

Employment (Describe your current and previous places of employment)

Employer _____ Type of Work _____ Dates of Employment _____ Phone No. _____

Driver's License: Drivers at camp must be 21 years of age, have a valid driver's license and willing to serve in this capacity. If you fulfill these requirements, please provide the following:

License No. _____ State _____

Have you been convicted of a moving violation within the past 3 years? Yes No

Are you willing to be subjected to a background check? Yes No

Skills Inventory: place check by those skills/activities which you feel you could assist or lead.

- | | | | | |
|-------------------------------------|--|---|--|--------------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Fire Building | <input type="checkbox"/> Insects, Birds | <input type="checkbox"/> Bible Study | <input type="checkbox"/> Large Group |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Tent Camping | <input type="checkbox"/> Forestry | <input type="checkbox"/> Song Leading | <input type="checkbox"/> Small Group |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Mammals | <input type="checkbox"/> Worship | <input type="checkbox"/> Team Sports |
| <input type="checkbox"/> Knot Tying | <input type="checkbox"/> Astronomy | <input type="checkbox"/> Drama | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Astronomy |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Frisbee Golf | <input type="checkbox"/> Skits | <input type="checkbox"/> Vespers | _____ |
| <input type="checkbox"/> Ecology | <input type="checkbox"/> Low Ropes | <input type="checkbox"/> Instrument | <input type="checkbox"/> Prayer | _____ |

Please answer the following questions.

1. Why are you interested in working at Camp Duffield?

2. Please identify your strengths in relation to the job for which you have applied.

3. Are there any factors which could possibly interfere with your ability to volunteer at camp?

All of the information I have given in applying, is true to the best of my knowledge

Signature of Applicant: _____ **Date:** _____

Please return this form to: Camp Duffield, PO Box 55, Kenmore, NY 14217