



**Summer Staff Application**

Name: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Position applied for (check all that you would consider)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Weekly Director    | <input type="checkbox"/> Camp Counselor    | <input type="checkbox"/> Counselor in Training          |
| <input type="checkbox"/> Medical Staff      | <input type="checkbox"/> Co-Cooks          | <input type="checkbox"/> Kitchen Help                   |
| <input type="checkbox"/> Bible Study Leader | <input type="checkbox"/> Activities Leader | <input type="checkbox"/> CPR/AED, (dated within 1 year) |
| <input type="checkbox"/> Music Leader       | <input type="checkbox"/> Craft Leader      | <input type="checkbox"/> Wilderness First Aid           |
| <input type="checkbox"/> 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 5-11	<input type="checkbox"/>
Chipmunks	Grades 1 <sup>st</sup> -2 <sup>nd</sup>	July 12-15 / July 20-24	<input type="checkbox"/>
Foxes	Grades 3 <sup>rd</sup> -5 <sup>th</sup>	July 12-18 / July 19-25	<input type="checkbox"/>
Raccoons	Grades 6 <sup>th</sup> -8 <sup>th</sup>	July 12-18 / July 19-25	<input type="checkbox"/>
Night Owls	Grades 9 <sup>th</sup> -12 <sup>th</sup>	July 26-August 1	<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
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What dates are you available for a phone interview? \_\_\_\_\_

**Education:**

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**Camping Experience**

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**Employment** (Describe your current and previous places of employment)

Employer \_\_\_\_\_ Type of Work \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_

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**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. Tell us about your relationship with Jesus Christ.
3. Please identify your strengths in relation to the job for which you have applied.
4. 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**