



2010 Cabin Counselor Application

Personal Information

Name _____	Gender _____
Birth Date _____	T-Shirt Size _____
Parent/Guardian's Name _____	
Parent's Day phone _____	Parent's Evening Phone _____

School Information

School Name _____	
Address @ School _____	
School Phone & Email _____	
Current Class or Year _____	Major _____

Home Information

Address _____
Phone & Email _____
Church Name & Phone _____
Pastor _____

I am able to serve:

- during CAMREC's program schedule (July 19 – July 31, 2010)
- during DCC's program schedule (June 14 - July 18, 2010)
- only during the following dates: _____

QUESTIONNAIRE

1. Why are you interested in serving at Camrec? What are your goals for the summer?
2. Camrec is affiliated with the Mennonite Church and is concerned with the spiritual growth of each camper. We seek summer staff members who are committed Christians. Describe your Christian experience and the meaning Christ has in your life today.
3. In what ways are you a witness for Christ to those around you?
4. What experience have you had working in a camp setting or in activities related to children and youth?
5. What skills and gifts do you have which you could apply to the camp setting? How has God used these in your life?
6. What are the three most important attributes of a good team player?
7. Working in a camp setting requires a considerable amount of physical, emotional, and spiritual energy. What do you do to "recharge" yourself when your energy reserves get low?
8. Please list two references in addition to your pastor. One should be a former or current employer. Include complete address and telephone number and email address.

Reference #1

Name _____ Relationship _____

Phone Number(s) _____ Email _____

Address _____

Reference #2

Name _____ Relationship _____

Phone Number(s) _____ Email _____

Address _____

Reference #3

Name _____ Relationship _____

Phone Number(s) _____ Email _____

Address _____

MEDICAL INFORMATION

If parent/guardian cannot be reached regarding an emergency please contact:

Name _____

Phone Number(s) Day _____ Evening _____

Physician _____ Phone Number _____

Medical Insurance Name _____ Policy # _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Allergies or Reactions _____

Last Tetanus Shot _____

List any special diet requirements, disabilities, prescriptions, or problems requiring special attention:

List any conditions or problems that would restrict participation in hiking, swimming, competitive, or strenuous activities while at camp:

AFFIRMATION

Please read the [Confession of Faith in a Mennonite Perspective](#) and sign the affirmation below.

I affirm the above Confession of Faith, and commit to leading a life in keeping with it and its values _____

* We acknowledge that staff members come from many different backgrounds and traditions. We value how these individual perspectives can challenge us to grow in our personal spiritual journeys. Including this Confession of Faith for affirmation is an effort to have a basic understanding of the core beliefs that will be expressed and expected while on staff at Camrec. If there is any portion of this Confession of Faith that you disagree with please explain on a separate sheet of paper and we will discuss it further.

The information on this application is complete and true to the best of my knowledge. I understand that I may be relieved of my responsibilities if statements or information are incorrect, incomplete, or false. In the case of illness or accident, I give permission that medical procedures be instituted without delay as the judgment of the camp medical personnel dictates. Approval is given for the staff member to be given, by the camp medical personnel, over-the-counter non-prescription medications according to the camp doctor's standing orders.

I hereby authorize all references listed to give any information regarding employment or personal information. I understand the job responsibilities and remuneration package. If I am selected, I am willing to work under terms stated.

Signature

Date

Signature of Parent or Guardian (if applicant is under 18)

Date

Please mail this application to:

Camp Camrec
18899 Little Chumstick Creek Rd.
Leavenworth, WA 98826

If you have questions please contact:

Camp Camrec at (509) 548-7245 or camrec@nwi.net

Program Skills – In order to better prepare for camp program activities put a “T” before those activities you can teach or lead, and an “A” before those activities in which you can assist.

Arts & Crafts

- Painting/Drawing
- Photography
- General handicrafts
- Leather crafts
- Nature crafts
- Ceramics/Pottery
- Tie-dying
- Other: _____

Drama

- Hosting all camp Talent Show
- Skits and stunts
- Campfire programs
- Scenery and props
- Story telling
- Clowning
- Other: _____

Outdoor Living Skills

- Hiking/Backpacking
- Orienteering
- Outdoor cooking
- Overnights
- Other: _____

Nature

- Astronomy
- Birds
- Environmental studies
- Flowers
- Forestry
- Insects
- Rocks/minerals
- Weather
- Stream Ecology
- Other

Sports

- Volleyball
- Basketball
- Softball
- Soccer
- Archery
- Fishing
- Non-competitive games
- Other: _____

Music

- Singing
- Guitar
- Other: _____

Program

- Camp newspaper
- Leading worship
- Other: _____

Adventure/Challenge

- Group initiatives
- Challenge/ropes course
- Rock Climbing
- Other: _____

Current Certifications

Attach copies of certifications, licenses, or other documentation.

- First Aid
- CPR
- Health Care
- Lifeguard
- Ropes Course
- Archery

*We know that it is not always possible to express all skills and experiences that might be of interest to the employer on a structured application. If you feel you have additional relevant information please feel free to attach a separate sheet to this application.