

CAMP SONSHINE

16819 New Hampshire Avenue
Silver Spring, MD 20905
Phone: (301) 989-2267
Toll-free: (888) 883-2285
Fax: (301) 989-7116
Email: mwatkins@campsonshine.org

. . . *STEPPING UP*

Assistant Counselor Application (ACs)

GENERAL INFORMATION (Please print clearly)

Date of Application First Name M.I. Last Name

Social Security Number / / D.O.B. _____ Home Phone _____ Cell Phone

Street Address

City State Zip Code Email Address

Will this be your first summer at Camp Sonshine? Yes No

If you marked No, how many summers have you been here? _____ Camper LIT AC

What grade are you in? ('09- '10 school year) _____

Do you attend school in Maryland? Yes No School Name: _____

Do you regularly attend church? Yes No Church Name: _____

PAST EMPLOYMENT/SERVICE

Name	Dates of Employment	Telephone Number	Nature of Work
1.	From: To:		
2.	From: To:		

INTEREST INDICATOR (Please mark age groups/activities that interest you)

Pre – K (4 yrs old) Kindergarten (5 yrs old) Summer Office Activities/Electives
 Explorer 1 (1st grade) Explorer 2 (2nd grade) Ice Cream Shack Other: _____

Dates to Remember

March 29- April 2: Spring Break Camp
April 23: Send in Bus Request before this date
May 1: Tax Forms Due
May 8: Mandatory AC Training & Finger Prints
June 18: Mandatory Mock Camp Day

June 21 – July 2: Session One
July 5 – July 16th: Session Two
July 19 – July 30: Session Three
August 2 – August 13: Session Four

BIOGRAPHICAL QUESTIONS (Please answer on a SEPARATE SHEET OF PAPER)

1. Have you ever worked with children? If so, explain.
2. What are three characteristics of a good leader?
3. What are three specific goals that you want to achieve by being an AC?
4. What will be the greatest challenge to you this summer as an employee of Camp Sonshine?
5. How would you describe your personality to someone who doesn't know you?
6. Describe two people that have impacted your life and why you respect them.
7. Your best friend is accepted as a counselor; you are assigned as an AC to his/her group. How would you handle this situation?
8. Who is Jesus Christ to you personally?

LIFESTYLE

As an AC, you will be held responsible for your actions and words, during *and* after camp. What you say and do reflects the reputation of Camp Sonshine; therefore, it is important that you behave in a manner that is above reproach and criticism. Camp Sonshine is a place in which we facilitate a healthy and encouraging environment and discourage inappropriate discussion and behavior, especially around campers and other staff members. Please mark the box next to the word(s) that best describe **your** personal views and actions on the following subjects, in how **you** stand, not the way you feel towards others.

Verbally cutting down others: Acceptable Sometimes Never Wrong

Gossip: Acceptable Sometimes Never Wrong

Cursing: Acceptable Sometimes Never Wrong

Drinking alcohol: Acceptable Sometimes Never Wrong

Comments:

APPLICATION CONTRACT

By the signing of my name below, I affirm the following: 1) I have no conditions (physically or emotionally) that would limit my ability to perform the essentials of the camp routine; 2) I understand this is a Christian camp and my behavior must reflect the values of Camp Sonshine; 3) If accepted, I will enter into the spirit of Camp Sonshine and follow the guidelines set by the AC program; 4) I have completed this application truthfully and further give permission for Camp Sonshine personnel to confer with those filling out the *Leadership Reference Form* in regards to my work performance and personal characteristics or other information that might be beneficial.

Applicant's Signature

Date