

Applicant Information

Name (First and Last)	
Date of Application	
Phone	
Alternate Phone	
Best time to reach you by telephone	
Current Mailing Address	
City/State/Zip	
E-mail	

Please indicate change of address if moving prior to camp i.e. leaving college campus, moving to parent's home, address between semesters, forwarding address, etc.)

Date Effective	
Phone	
Mailing Address	
City/State/Zip	

Are you under 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state your age:	
Are you a United States citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Available to work: Camp Starts June 13 and ends Aug. 13)	
From:	To:
How did you hear about us? Please include a name if applicable. _____ _____ _____	
Attend church at:	
Must family (i.e. spouse, children) stay with you during camp? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

Institution	Name, City, State	Course of Study	Years Attended	Degree/ Major	GPA
High School					
College/University					
Trade School					
Vocational/Career Goal: _____ _____ _____					

References

Provide information of 3 persons (not relatives) who have knowledge of your character, experience, and ability.

Relationship	Name	Address, City, State, Zip	Phone	Years Known
Christian Worker				
Employer				
Chaplain/RA*				
Teacher/Employer				

*If you do not have a chaplain or RA, you may use a personal reference.

Skill/Experience Assessment

Please check ALL boxes that apply to indicate your interests, skills, and experience.

For positions marked with *, there are additional questions to answer on the back of this application.

Counselor Skills and Experience

<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience	<input type="checkbox"/> Able to instruct		<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience	<input type="checkbox"/> Able to instruct	<input type="checkbox"/> Licensed/Certified	<input type="checkbox"/> Interested in Being Certified		<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience	<input type="checkbox"/> Able to instruct	<input type="checkbox"/> Licensed/Certified	<input type="checkbox"/> Interested in Being Certified	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration/Office Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Landscaping/Maintenance*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bus Driver
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arts and Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Media/Photography*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calming Tent*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Camp Store/Ice Cream Shack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Nature/Outdoor Education*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canoes/Paddleboats
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discovery Time*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Overnight Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifeguard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drama*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Sports and Water games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nurse/First Aid*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go-karts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ropes Course/ Climbing Wall*

Age Group Experience with Children and/or Youth

<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience		<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience		<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience		<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience	
<input type="checkbox"/>	<input type="checkbox"/>	4 - 6 Year Olds	<input type="checkbox"/>	<input type="checkbox"/>	9 -11 Year Olds	<input type="checkbox"/>	<input type="checkbox"/>	Leading an all Boys Group	<input type="checkbox"/>	<input type="checkbox"/>	Leading a Mixed Gender Group
<input type="checkbox"/>	<input type="checkbox"/>	7 - 8 Year Olds	<input type="checkbox"/>	<input type="checkbox"/>	12 + Year Olds*	<input type="checkbox"/>	<input type="checkbox"/>	Leading an all Girls Group	<input type="checkbox"/>	<input type="checkbox"/>	Leading a Ethnically Diverse Group

Position Interest

Please check ALL boxes that apply to indicate what positions you are willing to fill at camp..

<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience		<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience		<input type="checkbox"/> Interested	<input type="checkbox"/> Have experience	
<input type="checkbox"/>	<input type="checkbox"/>	Group Counselor A leader for specific age group of campers.	<input type="checkbox"/>	<input type="checkbox"/>	Support Counselor A servant able to organize, facilitate, and lead in various situations.	<input type="checkbox"/>	<input type="checkbox"/>	Wilderness Camp Counselor* A counselor who prefers to experience outdoor wilderness skills with campers.
<input type="checkbox"/>	<input type="checkbox"/>	Activity Counselor A teacher of all ages with a focus on a particular activity or skill.	<input type="checkbox"/>	<input type="checkbox"/>	Administrative Counselor A leader with a focus on parent relations and/or office duties.	<input type="checkbox"/>	<input type="checkbox"/>	West County Camp Counselor* A counselor who prefers a smaller, intimate team setting.

Some positions require strenuous activity, which may include walking about 2-3 miles each day in hot, humid weather.

Do you have any physical limitations that would hinder your performance in these types of conditions? Yes No

If yes, please explain:

1. Write a detailed but brief biographical sketch of your Christian life including:
- A. When you became a Christian and how that has affected your life since then...
 - B. What your family relationships have been like.
 - C. What your understanding is of the following words:
Jesus Christ; Salvation; Holy Spirit; Spiritual Gifts
 - D. What Ministries you have been involved in...

2. What experience have you had working with Children or teens in the past three years?

3. What interests you in working at Camp Sonshine?

4. Why should a camp director choose you as a staff member?

Lifestyle

Choose the words which best describe your personal views on the following subjects:
 (Indicate how you live your life, not the way you feel towards others taking these actions)

Smoking	<input type="checkbox"/> Acceptable	<input type="checkbox"/> In Moderation	<input type="checkbox"/> Sinful	<input type="checkbox"/> Harmful	<input type="checkbox"/> Avoid
Motivations	<input type="checkbox"/> Acceptable	<input type="checkbox"/> In Moderation	<input type="checkbox"/> Sinful	<input type="checkbox"/> Harmful	<input type="checkbox"/> Avoid
Premarital Sex	<input type="checkbox"/> Acceptable	<input type="checkbox"/> In Moderation	<input type="checkbox"/> Sinful	<input type="checkbox"/> Harmful	<input type="checkbox"/> Avoid
Comments					

Camp Sonshine Lifestyle Policy

As a counselor at Camp Sonshine, you will be giving up a great deal of privacy and comfort, working long and demanding hours, and adhering to camp policies which may be limiting and not necessarily reflect your way of living (curfews, long hours, lack of privacy, no smoking, no alcohol, no drugs, no R-rated movies, etc.)

Do you see any problem with upholding the Camp Sonshine Lifestyle Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer "YES" to any of the following questions, please describe in the box below. Answering "Yes" does not automatically disqualify you.	
Have you ever been convicted of a felony crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under indictment or on probation for any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any offense or the violation of any law or statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been dismissed from previous employment because of misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments	

I would break my contract only for the following reason:	

By the signing of my name below, I affirm:

1. I have no physical or emotional limitations that would limit my ability to perform the essentials of the camp routine;
 2. I am a professing Christian
 3. If employed, I will enter into the spirit of Camp Sonshine
 4. I have completed this application truthfully and further give permission for Camp Sonshine personnel to confer with the references listed in this application regarding my previous work history and performance, or other information that might be necessary.
- *All statements become part of any future employee personnel files.

Signature _____ Date _____