

16819 New Hampshire Avenue  
 Silver Spring, MD 20905  
 Toll Free: 1.888.883.2285  
 Email: [staff@campsonshine.org](mailto:staff@campsonshine.org)  
[www.campsonshine.org/campstaff.html](http://www.campsonshine.org/campstaff.html)

**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	
Social Security Number	
E-mail	
School Attending	
Church Attending	

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	

**Interests Indicator**

Number of years worked at Camp Sonshine?	
In what position(s)?	 <hr/> <hr/> <hr/>

What are the top three position(s) you are interested in?  
 Note: Be as specific as you want; i.e. Crafts Counselor, Adventure 5 Counselor, Pre-K Counselor etc. and include any comments as to why you would want to fill that position.)

Position	Comments
1.	
2.	
3.	
4.	

**Lifestyle**

Rate yourself on the following qualities: 5-Excellent, 4-Very Good, 3-Good, 2-Fair, 1-Poor

Patience	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Sense of Humor	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Motivations	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Ability to follow orders	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Maturity	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

**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?  Yes  No

## Personal Questions

1. What was your favorite action team last year? Would you want to be an assistant for that action team?  
(This does not guarantee that position is available.)

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2. What was the hardest thing you faced at Camp Sonshine in previous years? (Action Teams, Lifestyle Policies, Group Management, etc)  
Why was it hard for you? )

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3. What would you do differently this year than what you did previously?

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4. Please write your personal vision and what role you play in the ministry, the staff, and the children of Camp Sonshine.

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What do you most enjoy about Camp Sonshine? .

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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?  Yes  No

Are you currently under indictment or on probation for any crime?  Yes  No

Have you ever been convicted of any offense or the violation of any law or statute?  Yes  No

Have you ever been expelled from school?  Yes  No

Have you ever been dismissed from previous employment because of misconduct?  Yes  No

If I am hired and sign a contract with Camp Sonshine, I consider my signature and my word binding.  Yes  No

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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.	
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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 \_\_\_\_\_

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## Applicant Information

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

### Additional Comments

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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:

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## Biographical Questions

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...

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

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3. What interests you in working at Camp Sonshine?

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

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**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

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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.	
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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	
<hr/> <hr/> <hr/>	
I would break my contract only for the following reason:	
<hr/> <hr/> <hr/>	

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;
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  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 \_\_\_\_\_

At Camp Sonshine, our purpose is to communicate to children and youth the love of God. The above-named person has applied for a summer staff position, which demands honest effort, responsibility, and a willingness to grow. Will you please give us your thoughtful observations and comments about this applicant?

Thank You.

### **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	

### **Personal Reference**

(someone who knows your ability to work with children.)

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	

1. How long have you known the applicant?

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2. In what capacity?

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3. How long have you known the applicant?

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**How do you rate this person in the following areas?**

<b>Reliability:</b> Dependability, responsibility, follow through	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Maturity:</b> Personal development, ability to cope with life situations	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Emotional Stability:</b> Reaction to stress, mood stability	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Motivation:</b> Genuineness and depth of commitment	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Judgment:</b> Ability to analyze a problem	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Oral Expression:</b> Clarity, coherence	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Interpersonal Relations:</b> Rapport with others, likeability	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Empathy:</b> Sensitivity to the needs of others	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Cooperation:</b> Attitudes towards supervision	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Work Habits:</b> Stamina, conscientiousness, perseverance, initiative	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe
<b>Ability to work with children or youth</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Average Poor <input type="checkbox"/> Unable to Observe

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If you were hiring this person for the position I have described to you, what would you be concerned about?

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Is there anything else you would suggest we probe further or anyone else you would suggest we talk with?

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Further comments you have regarding the applicant that would help in our evaluation.  
(i.e., Traits that may enhance or reduce the effectiveness of this applicant.)

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**Choose one**

I recommend with confidence.

I recommend.

I recommend with reservation.

I do not recommend