



Camp Wabanna

Changing the world one child at a time



SUMMER STAFF APPLICATION

- The applicant is required to complete this form in its entirety without assistance.
- Please send recent picture with this form.

SECTION A

Name: _____ Age: _____ Home Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ School Phone: _____ Cell Phone: _____

Date of Birth: _____ S.S.# _____ T-shirt size (for ordering staff t-shirts): _____

Driver's License: Yes No State _____ License #: _____

Parents' Names: Mother _____ Father: _____

Job Preference: Refer to the Job Descriptions sheet, and use exact position titles. (If you choose "counselor," please check age group preference below.)

First Choice Position: _____

Second Choice Position: _____

Third Choice Position: _____

Age group Preference: 7-8 year olds 9-10 year olds 11-12 year olds 13-15 year

You must respond to each of the following:

1. Educational History (and graduation date where applicable):

2. College or University Status: Presently attending Graduated Major _____

Name of College/University: _____

College/University Mailing Address: _____

City: _____ State: _____ Zip: _____

If attending, status: Freshman Sophomore Junior Senior Graduate School

3. Is Jesus Christ your Savior and Lord? Yes No

4. Are you a member of a church? Yes No If so, what church? _____

5. Military Status: Not Applicable Active Reserve Discharged

6. Any post high school specialty experience/training, including military? Yes No Explain: _____

7. Are you physically able to perform the duties of this position, as you would understand what this job requires?

Yes No If no, please explain: _____

8. Are you mentally able to perform the duties of this position, as you would understand what this job requires?

Yes No If no, please explain: _____

9. Are you able to work indoors/outdoors without the assistance of manufactured cooling? Yes No

10. Do you use (take) narcotics, hallucinogens or any drugs not prescribed by a physician? Yes No If so, explain what kind and when was last date used: _____

11. Do you drink alcoholic beverages? Yes No If so, how often: Rarely Occasionally Regularly

12. Do you smoke? Yes No If so, how often: Rarely Occasionally Regularly

13. Have you been on any medication within the last year? Yes No If so, please explain: _____

14. Are you currently on any medications that would impair your ability to function in this position? Yes No If so, please list. _____

15. Are you currently under a doctor's care or have you been under a doctor's care within the last year? Yes No If so, please explain situation and care given. _____

16. Have you ever been convicted of a felony? Yes No If yes, describe fully on attached sheet.

17. Is there a moral problem in your life that would affect your involvement? Yes No

SECTION B: SPECIFIC SKILL/ABILITY AREAS

Please rate yourself in the following areas.

(Mark: "L" = led this activity previously; "I" = interested in learning to lead; "E" = experienced previously)

Music Leadership

Leading Singing _____
Lead Guitar _____
Percussion—Drums _____
Piano Accompaniment _____
Running Sound Board _____
Instrument _____
Other _____

Programming

Swimming _____
Lifesaving _____
Sailing _____
Canoeing _____
Rowing _____
Kayaking _____
Power Boating _____
Water-skiing _____
Knee boarding _____
Tubing _____
Windsurfing _____
Climbing Wall _____
Crabbing _____

Fishing _____
Nature/Environmental Ed. _____
Outdoors Living _____
High Ropes/Elements _____
Low Elements/Teambuilding _____
Football _____
Basketball _____
Soccer _____
Baseball _____
Physical Training _____
Group Games _____
Arts/Crafts _____
Drama _____
Other _____

SECTION C: CERTIFICATIONS

Please note specific certifications and expiration dates. All staff encouraged to have CPR and First Aid upon arrival.

CPR _____
First Aid _____
First Responder _____
Nurse (RN, GN, LPN) _____
Emergency Med. Tech (EMT) _____
Lifeguard _____
Sailing _____

Canoeing _____
Rowing _____
Kayaking _____
Boater Safety _____
Windsurfing _____
Climbing Wall _____
Ropes Course _____

5. Have you ever attended a camp as a camper? Yes No If yes, when and how often:

6. Have you ever been employed by a camp or Christian organization? Yes No If so, when and where:

7. Explain what it means to have a *servant's heart*.

8. Explain what it means to be part of a *team effort*.

9. Please explain *cultural sensitivity*.

10. Have you been baptized? Yes No If yes: Immersion Sprinkling
When? _____ What Church? _____

11. Please explain how to lead a person to Jesus for salvation and describe your first experience in witnessing/winning someone to Christ.

12. What Bible references would you use to witness to someone? _____

13. Have you ever traveled outside the continental U.S.? Yes No

14. Are you considering missions as a career? Yes No

15. Do you speak language(s) other than English? Yes No If so, please list: _____

16. Do you know sign language? Yes No

SECTION D

Initial the following statements to indicate your clear understanding and willingness to abide by the rules, policies, and agreements as set forth by Wabanna Camp & Conference Center.

**WABANNA CAMP & CONFERENCE CENTER
101 Likes Road, Edgewater, MD 21037**

ETHICS AGREEMENT

_____ I understand that my commitment to be involved in Wabanna Camp & Conference Center requires certain standards of my lifestyle. I realize that my behavior is a reflection on both the camp's ministry and our Savior Jesus Christ. By my involvement, I will be considered an example and a leader. Others will look to me for direction.

_____ I understand that a daily walk with Christ through the Bible and prayer is essential in order to comply with my responsibilities. I will submit myself to the leadership staff as I realize they are concerned about my personal growth.

_____ I agree to resign my position if I am involved with alcohol, drugs, or sex. I further agree to never steal from anyone and to deal with people in an honest, fair fashion. By a violation of these issues I have forfeited my ability to lead by Godly example at Camp Wabanna.

_____ I accept responsibility for the safety and well-being of the campers that are assigned to my oversight. I will strive to have compassion on all people and to care for each person on an equal level. I will strive to be a servant, without complaining. I realize that a spirit of cooperation is vital to my interaction with other workers.

Signed

Date

WABANNA CAMP & CONFERENCE CENTER
101 Likes Road, Edgewater, MD 21037

MISSION STATEMENT

Provide an environment that directs people to the love of Jesus.

DOCTRINAL STATEMENT

1. We believe that the Bible is God's word, infallible and completely inspired by the Holy Spirit.
2. We believe in the Trinity - God the Father, God the Son, and God the Holy Spirit.
3. We believe in the virgin birth of Christ, His physical resurrection, and His ascension into heaven.
4. We believe in the rapture of the church and our eternal home in heaven with the Lord Jesus.
5. We believe in eternal punishment in hell for those who do not accept Christ as their Savior.

I accept the above-mentioned statements as true and agree to function accordingly as a representative of Wabanna Camp & Conference Center.

Signed

Date

Three personal reference forms must be completed and returned as soon as possible. One must be filled out by your pastor/minister and the other two by people who have known you for a considerable period of time. **The three personal references may not be the same as the two supervisors listed below.**

List last two places of employment (supervisor).

Most Recent

Contact Person: _____
Company Name: _____
Position: _____
Address: _____
Phone #: _____
Date of employment: _____

2nd Most Recent

Contact Person: _____
Company Name: _____
Position: _____
Address: _____
Phone #: _____
Date of employment: _____

Have you ever been fired or asked to resign from a past job? _____ If yes, explain: _____

Are your fingerprints on federal files to work with children? Yes No

Person to be Notified in Case of Accident or Emergency:

Name: _____ Phone #: _____
Address: _____

Relationship to you: _____

Staff Training will be held from **June 2** through **June 12, 2010**. **Arrival time is no later than 9 a.m. on Wednesday.**
(Specialized Training such as lifeguard and challenge course certification may take place prior to June 2)

Camp begins **June 13** and ends **August 7**. Do you have any conflicts with these dates? Yes No

If so, please explain. _____

(Once at camp this cannot be altered except in case of emergency, as we are dependent upon our selection of workers.)

As a potential staff member, I realize the task ahead of me is a sacred and serious one. With the Lord's help I will try to fulfill my task to the best of my ability. If I am accepted and then find that circumstances make it impossible for me to come, I will contact the camp office in writing no later than May 1, 2010.

I attest that any and all information is true. I hereby authorize release of all information with regard to previous employment.

Signature: _____

PLEASE ATTACH A RECENT PICTURE TO THIS APPLICATION. THANK YOU

REMINDER: YOU MUST RETURN THE THREE REFERENCE FORMS (ONE OF WHICH MUST BE FILLED OUT BY YOUR PASTOR) OR CALL THE CAMP OFFICE FOR AN EXCEPTION.