

APPLICATION FOR SUMMER EMPLOYMENT

Return form to: Camp Administrative Coordinator, PO Box 3786, Springfield, IL 62708
PH. 217/726-7366 Fax: 217/726-7566

INDICATE WHICH CAMP THE APPLICATION IS FOR:

 Lake Springfield Lake Benton Blackhawk Any of them

Name _____ Date of application _____

Permanent Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Email: _____

Birthdate: _____ Sex _____

Single _____ Married _____

School & Address _____

School phone _____

Education (school) _____ Years attended _____ Degree _____

Reference: (include four)

Your Pastor _____

Address _____ Phone _____

Former Employer: _____

Address _____ Phone _____

Name: _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

**Please have references complete Reference forms and return to: Camp
Administrative Coordinator, PO Box 3786, Springfield, IL 62708**

I am applying for the following camp positions:

Manager _____ Assistant Manager _____

Cook _____ Kitchen Personnel _____

Waterfront Personnel _____ Grounds person _____

First Aid _____

-over-

Application for Summer Employment continued

You may be asked to do a combination of several jobs - are **YOU** willing to do this?

Yes _____ No _____

Some positions require the following certifications, please mark the certificates you have:

State Licensed Food Handler _____

Senior Lifesaving _____

Red Cross First Aid _____

Water Safety Instructor _____

Church Membership _____ Length of time _____

Offices Held _____

Participation in activities _____

Describe your own camping experience _____

Will you be willing to be interviewed in Springfield for this position? Yes ___ No _____

Have you ever been arrested or convicted for any crime? Yes _____ No _____

If yes, please explain _____

Please make sure all reference forms have been returned. Thank you.

I understand that the use of tobacco, alcohol and illegal drugs are not permitted on the camp grounds. I further understand that I am expected to conform to an exemplary standard of personal behavior consistent with the goals and policies of our Great Rivers Region American Baptist Camps. Failure to do so will lead to termination of employment.

Signature of Applicant _____

Date _____

Please enclose a recent snapshot

American Baptist Camps of the Great Rivers Region

APPLICANT FOR SUMMER EMPLOYMENT - REFERENCE FORM

Confidential Information Concerning _____

From: (Name) _____

Address _____

Phone (_____) _____ Length of time you have known applicant _____

In what capacity have you known him/her _____

We trust that you will give the following items your careful attention and consideration.

	Poor	Average	Superior
Religious Life	1 _____	5 _____	10 _____
Character	1 _____	5 _____	10 _____
Intelligence	1 _____	5 _____	10 _____
Adaptability	1 _____	5 _____	10 _____
Follows Instructions	1 _____	5 _____	10 _____
Trustworthiness	1 _____	5 _____	10 _____
Leadership	1 _____	5 _____	10 _____
Cooperation	1 _____	5 _____	10 _____
Physical Fitness	1 _____	5 _____	10 _____
Appearance	1 _____	5 _____	10 _____
Willingness to Work	1 _____	5 _____	10 _____
Commitment to ABC Churches	1 _____	5 _____	10 _____

1. Please state frankly your opinion as to the applicant's suitability for employment at a Baptist Camp. _____

2. Has this person ever been convicted for any crime?
Yes _____ No _____ Don't know _____
If yes please explain _____

3. Do you recommend the applicant for employment? Why _____

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BACKGROUND INVESTIGATION CONSENT

I, (Print Name) _____ hereby authorize American Baptist Churches of the Great Rivers Region to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those by both public and private organizations and all public records for the purpose of confirming the information contained on my application or volunteer form(s) and/or obtaining other information which may be material to my qualification for employment or as a volunteer now and, if applicable during the tenure of my employment or as a volunteer with American Baptist Churches of the Great Rivers Region

I release American Baptist Churches of the Great Rivers Region and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claim or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Phone (_____) _____

Maiden Name or other Names Used _____

Present Street Address _____

City/State/Zip Code _____

Length of time at present address _____

Former Street Address _____

City/State/Zip _____

Length of time at former address _____

Date of Birth _____

Social Security Number _____ - - - - - _____ - - - - - _____

Driver's License # _____

State of License _____

Signature _____ **Date** _____

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment or placement.

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COUNSELOR CERTIFICATION TEST

(Please mark with an X or circle the correct answer)

1. Have you submitted the Background Check Application? _____ Yes _____ No.
2. Have you received and read the Counselor's Manual? _____ Yes _____ No
3. The first responsibility of any counselor is to:
A) themselves B) the director C) the Manager D) the campers
4. You can be held liable in a court of law for injuries to a camper in your group.
_____ True _____ False
5. If you see a stranger on the camp grounds, you should immediately:
A) escort them where they want to go B) ignore them
C) take them to the director or manager D) bring the person they want to see to them
6. If a camper wishes to speak with you privately, you should:
A) go some place private B) go some place where you can be seen but not heard
C) tell them to see the director D) say no
7. If a camper tells you that they have been abused at home, you should:
A) immediately inform the director B) decide if the camper is telling the truth
C) talk to another counselor D) keep it to yourself
8. Before, during and after reporting to DCFS, are allegations of abuse kept confidential?
_____ True _____ False
9. It is okay for campers or counselors to go into another cabin without that cabin counselor's approval. _____ True _____ False
10. The counselor is responsible for the whereabouts of his/her campers during program activities. _____ True _____ False
11. Raiding or the pranking of cabins is acceptable. _____ True _____ False
12. During an emergency, you should:
A) ask the director where you can help B) round up your campers and go to your cabin
C) tell your campers what is going on D) tell your campers to go and find the director
13. If a parent or guardian comes to camp and wishes to speak with their child, you should:
A) allow them to do so B) tell them to leave C) take them to director or manager
D) tell them to go and see the director or manager
14. Romantic involvements between members of the program staff or between the program staff and campers is allowed. _____ True _____ False
15. The minimum age for an Assistant Counselor is _____; for a Counselor _____.
16. "Lights Out" means everybody is in their cabin for the night, including the counselor.
_____ True _____ False
17. It is acceptable for counselors to leave the grounds with prior permission of the Director and Camp Manager _____ True _____ False
18. Prescription medicine and most first aid will be dispensed by:
A) the director B) a counselor C) a camper D) a permanent staff member

