

Camp Yorktown Bay

Staff Application 2009

Name: _____ D.O. B ____/____/____ Shirt Size ____
Address: _____
Phone : _____ Cell Phone: _____ Email: _____
Home Church: _____ Pastor: _____ Baptized SDA Member? Y/N
Parent/Guardian: _____ Phone: _____

School: _____ Dorm Phone: _____
Dorm Address: _____
Grade Next Year: _____ School Attending Next Year: _____

Please list your previous camp experience on the lines below.

I attended this camp(s) _____ year(s) _____

I worked at this camp(s) _____ year(s) _____

Current ministries I am involved with:

Previous Experience working with children (ages 7-17) (include Sabbath School, Pathfinders , day care etc.)

These are 3 reasons why I want to work at Camp Yorktown Bay:

1.

2.

3.

This is what I would like to do at CYB, and the certifications I hold to do this position. (ex. Lifeguard, lifeguard certification)

Position:

Certification:

1. _____

2. _____

3. _____

I can commit to the full summer camp session at CYB, beginning May 28 and ending July 19 Yes/No

I have these commitments already planned that will impact my working at CYB this summer. (family vacation, wedding etc)

Pease share your thoughts about the following areas.

In my opinion, this is the purpose of summer camp:

This is the unique contribution I can provide to the ministry of CYB this summer:

These are my 2 greatest strengths:

These are 2 weaknesses I am working on:

This is what I do to maintain my walk with Christ.

This is what I will do at camp to grow spiritually.

This is how I might share Jesus with a camper.

Are you authorized to work in the United States? Yes/No

Have you in the last 12 months used any type of illegal drug or alcohol? Yes/No

Have you ever been (formally or informally) accused, charged or disciplined for any child abuse or sexual abuse? Yes/No

Name of a non-family member that can verify this statement: _____

Please circle the number that applies to your skill level and interest level. 1= Low 2 Medium 3 High

WATERFRONT /BOATS Interest level Skill level

Swimming	1 2 3	1 2 3
Canoeing	1 2 3	1 2 3
Kayaking	1 2 3	1 2 3
SCUBA	1 2 3	1 2 3
Wakeboarding	1 2 3	1 2 3
Water Skiing	1 2 3	1 2 3
Knee Boarding	1 2 3	1 2 3

CURRENT CERTIFICATIONS Expires on this date

Lifeguard	Yes/No	_____
WSI	Yes/No	_____
LGI	Yes/No	_____
SCUBA	Yes/No	_____

ARTS & CRAFTS Interest level Skill level

Ceramics	1 2 3	1 2 3
Candle Making	1 2 3	1 2 3
Braiding	1 2 3	1 2 3
Leather Craft	1 2 3	1 2 3

PROGRAM ARTS Interest level Skill level

Drama Director	1 2 3	1 2 3
Acting	1 2 3	1 2 3
Story Telling	1 2 3	1 2 3
Group Games	1 2 3	1 2 3
Decoration	1 2 3	1 2 3
Photography	1 2 3	1 2 3
Videography	1 2 3	1 2 3
Sound Board Operator	1 2 3	1 2 3

MUSIC Interest level Skill level

Song Leading	1 2 3	1 2 3
Special Music	1 2 3	1 2 3
Group Singing	1 2 3	1 2 3
Singing	1 2 3	1 2 3
Piano	1 2 3	1 2 3
Guitar	1 2 3	1 2 3

OTHER CERTIFICATIONS (Please include a copy of all certifications)

First Aid	Yes/No
CPR	Yes/No
EMT	Yes/No

EMERGENCY INFORMATION**HORSEMANSHIP** Interest level Skill level

Trail Rides	1 2 3	1 2 3
Western	1 2 3	1 2 3
English	1 2 3	1 2 3
Roping	1 2 3	1 2 3
Rodeo Skills	1 2 3	1 2 3
Pack Trips	1 2 3	1 2 3

Certified CHA Yes/No**OUTDOOR ED.** Interest level Skill level

Survival Skills	1 2 3	1 2 3
Reptiles	1 2 3	1 2 3
Mammals	1 2 3	1 2 3
Birds	1 2 3	1 2 3
Trees/plants	1 2 3	1 2 3
Fossils	1 2 3	1 2 3

MAINTENANCE Interest level Skill level

Carpentry	1 2 3	1 2 3
Tractor Operation	1 2 3	1 2 3
Weed eating	1 2 3	1 2 3
Mowing	1 2 3	1 2 3
Mechanical Ability	1 2 3	1 2 3
Landscaping	1 2 3	1 2 3

SPECIALIZED SKILLS Interest level Skill level

Food Service	1 2 3	1 2 3
Dish Room Operation	1 2 3	1 2 3
Secretarial	1 2 3	1 2 3
Retail Sales	1 2 3	1 2 3
Custodial	1 2 3	1 2 3
Laundry	1 2 3	1 2 3

ADVENTURE SPORTS Interest level Skill level

Rock Climbing	1 2 3	1 2 3
BMX Bikes	1 2 3	1 2 3
Archery	1 2 3	1 2 3
Gymnastics	1 2 3	1 2 3

Mother's Name: _____ Phone Numbers: _____ Cell _____
 Father's Name: _____ Phone Numbers: _____ Cell _____
 Guardian's Name: _____ Phone Numbers: _____ Cell _____
 Other: _____ Phone Number: _____ Relationship _____

HEALTH RECORD and MEDICAL INFORMATION

Height _____ Weight _____ Hair color _____ Eye color _____
 Doctor's Name _____ Phone Number _____

*please include a copy of your insurance card along with your Hospital preferences if applicable.

<u>Allergies:</u>	<u>Immunizations</u>	<u>Medications</u> (list below)	<u>Health History</u> (check all that apply)
<input type="checkbox"/> No Known Allergies	Tetanus ___/___	_____	<input type="checkbox"/> Frequent Sore throats
<input type="checkbox"/> Drugs: _____	MMR ___/___	_____	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Bees: _____	Polio ___/___	_____	<input type="checkbox"/> Stomach Upset
<input type="checkbox"/> Plants: _____	TB ___/___	_____	<input type="checkbox"/> Asthma
<input type="checkbox"/> Foods: _____	Other: _____	_____	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Poison Ivy			<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Fainting

Other relevant health related Instructions:

I hereby attest that all the information on this application is true to the best of my knowledge. I give permission for criminal background checks to be performed to verify eligibility for this job. In case of emergency I hereby give permission to the physician(s) selected by the camp directors if necessary to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me.

If employed by Camp Yorktown Bay, I give permission for pictures and videos of me to be used in camp promotional material.

Applicant's Signature _____ Date _____
 Guardian's Signature _____ Date _____

(Guardian's signature only required if applicant is below 18 yrs. Of age)

Mail Application to:
 ARKLA Conference
 Brandon Westgate
 PO Box 31000
 Shreveport LA 71130-1000