



STAFF APPLICATION

Purpose Statement

"Our camp exists to reach young people, to connect them with other believers, and to help them grow in the Orthodox Christian faith; so that they might discover the depth of God's kingdom and the gifts He has given them, and honor Him with their lives."

General Information



Name: _____ **Today's Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Wk:** _____ **Date of Birth:** _____ **SSN:** _____

Work Status: F/T P/T Student **Marital Status:** Single Married Divorced

Member of (Parish/Church): _____ **E-mail:** _____

*We request two references. One **must** be your priest or spiritual father/confessor, and for the other you can choose (1) a close friend, or (2) an employer within the past year. You will need to have each of them fill out and mail in one of the reference sheets included in this application packet.*

Reference: _____ **Phone:** _____

Reference: _____ **Phone:** _____

Personal Information



Please answer the following questions as honestly and openly as you can. If you need more room for your responses, please use the back of the page.

1. Please write a brief testimony about how you became a Christian.
2. Please write briefly about one significant event in your life that has impacted you spiritually.
3. How would you describe your Christian journey right now?
4. What Christian accountability (i.e. relationship w/ a spiritual father or mother) do you currently have?
5. Why do you want to be a camp counselor?



St. John's Camp Programs



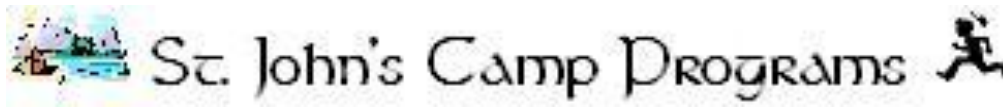
- 6.** Whether we like it or not, kids watch us and learn the most by our actions and example. However, our words are very important as well. The word “counselor” means that you will most likely be asked for counsel by one of the campers. Will you be comfortable in this role?

- 7.** Have you had any previous experience in a leadership type role?

- 8.** How do you handle conflict and confrontation?

- 9.** How would you describe yourself?

- 10.** What do you think some of your strengths are? Weaknesses?



11. Are there any special issues or concerns happening in your life right now that would have an impact on your commitment and involvement in all camp/staff activities? (e.g., relationships, other commitments, etc.)
12. Do you think that you have any gifts or skills in particular that would be useful in a youth camp environment?
13. What are some of your favorite hobbies?

In caring for students, we believe that it is our responsibility to seek an adult staff that is able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Any special concerns can be discussed individually with the Camp Director.

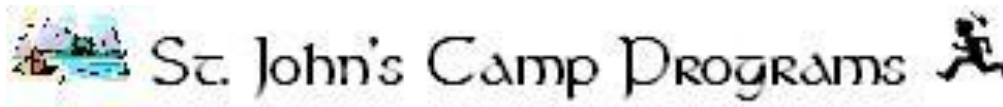
1. Are you using illegal drugs? Yes No
2. Have you ever gone through treatment for alcohol or drug abuse? Yes No
- If yes, please describe.
3. Have you ever had sexual relations with a minor after you became an adult? Yes No
4. Have you ever been accused of or convicted of any form of child abuse? Yes No
5. Have you ever been a victim of any form of child abuse? Yes No
- If yes, would you like to speak with a counselor or priest? Yes No

Feedback



The last section is a survey. If you have any ideas, questions, or comments about past, present, or future camps, here's the place to put 'em! All of your input will help to make the best possible summer camp for our youth.

1. If you have been either a camper or a counselor at one of our summer camps in the past; are there areas of the camp that you think we could improve?
2. What is your favorite aspect of a summer camp?
3. What topics would you suggest for the teaching times?
4. What activities do you like, and what would you suggest for the evening social time?



6. Please check the following areas of camp counselor activities in which, if selected to be a counselor, you have the greatest desire to serve?

- | | |
|---|---|
| <input type="checkbox"/> Schedule | <input type="checkbox"/> Counseling Groups |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Campfires |
| <input type="checkbox"/> Music | <input type="checkbox"/> Camp Store |
| <input type="checkbox"/> Liturgical Music | <input type="checkbox"/> Morning Exercises |
| <input type="checkbox"/> Scholarships/Money | <input type="checkbox"/> Artistic Design (Signs, Posters) |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Late Night Patrol |

The information contained in this application is correct and all questions have been answered to the best of my knowledge. I, the undersigned, give my authorization to the Camp Programs Board of St. John's Camp or its representatives to release any and all records or information relating to working with minors. The Board of Directors may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a camp counselor. I understand that the personal information in this application will be held confidential by the Camp Programs Board.

Signature

Today's Date

Please complete the separate Background Check Release form on the next page.

Mail the Release Form and this application to:

St. John's Camp Programs Director

Attn: CONFIDENTIAL

688 N 750 W

Indianapolis, IN 47990

Camp Counselor Reference

(Applicant:) _____ is applying to become a camp counselor for St. John's Camp Programs Summer Camp program and has given your name as a personal reference. The person in this staff position will be in close contact with students, and we want to ensure that these relationships will be healthy ones. Please complete the form below and send us your evaluation of this person's character and integrity. Feel free to attach an extra page if you need more room for your responses. Your response will remain confidential.

1. Describe your relationship with this person:

2. How long have you known this person:

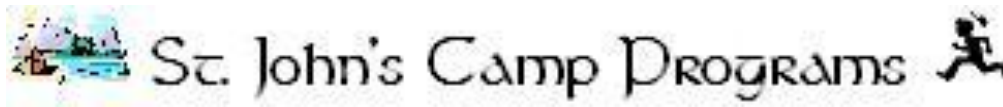
Please use the following scale to respond to questions 3 through 8:

1=Low 2=Below Average 3=Average 4=Very Good 5=Excellent

3. How would you rate his/her ability in the following:

A. Involvement in peer relationships?	1	2	3	4	5
B. Emotional Maturity?	1	2	3	4	5
C. Resolving Conflict?	1	2	3	4	5
D. Following through with commitments?	1	2	3	4	5
E. Ability to relate to youth ages 12-18?	1	2	3	4	5
F. Spiritual Maturity?	1	2	3	4	5
G. Working well with others?	1	2	3	4	5

4. What are this applicant's greatest strengths?



5. Do you have concerns regarding this person working with students? If so, please explain.

6. Are you aware of the applicant using any illegal drugs within the past year? If yes, please explain.

7. Are you aware of any alcohol abuse by the applicant within the past year? If yes, please explain.

8. Are you aware of any history of child abuse by the applicant? If yes, please explain.

Thank you for taking the time to fill this out. If you have any questions regarding this form, please contact the Camp Programs Director, Sdn. Luke Beecham, @ 317-460-8574.

Your Name: _____ Date: _____

Signature: _____ Date: _____

Phone: (H) _____ (W) _____

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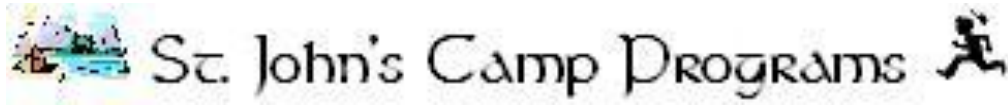
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