



2011 STAFF IN TRAINING APPLICATION

Please attach or email a recent photo

Office Use:

To be an SIT, you must be at least 16 years of age by the time you start work at camp. If you have completed 12th grade and will be 18 years of age by the time you start work this summer, please contact us about our Intern program.

NAME: _____

(Full Name Required) **FIRST** **MIDDLE** **LAST**

Date of Birth : ___/___/___ **Social Security #:** ___ - ___ - ___
Used for tax purposes and background checks

Address & Contact Information:

Street _____

City _____

State _____ Zip: _____ Country: _____

Email: _____

Cell Phone: _____ - _____ - _____

Parent Home Phone: _____ - _____ - _____

Parent and Emergency Contact Information:

Mothers Name: _____

Cell# _____ - _____ - _____ Work# _____ - _____ - _____

Fathers Name: _____

Cell# _____ - _____ - _____ Work# _____ - _____ - _____

Emergency Contact Name: _____

Ph 1 _____ - _____ - _____ Ph 2 _____ - _____ - _____

SESSION CHOICE: Please rank the following sessions: **1-first choice, 2-second choice, 3-third choice**

SESSION A&B: June 10 -July 01 _____ SESSION C: July 03-July 22 _____ SESSION D&E: July 24-August 14 _____

EDUCATION:

High School	Grade completed 2011	Favorite Subjects	Graduation Date
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EMPLOYMENT/ WORK HISTORY:

Dates	Employer/Supervisor	City/State	Phone	Nature of work	Reason for Leaving
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CAMP EXPERIENCE:

Camper or Staff?	Camp	Director	City/State	Phone	Dates
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REFERENCES:

Give Names and addresses of 3 people (Not a Relative or Friend) who has knowledge of your character, experience and abilities. Ask them to complete and return a reference form by fax, mail or email.

Name	Address	Telephone	Relationship
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Getting to know you...
Please use additional paper if necessary

Why are you interested in being an SIT at Gwynn Valley?

Please describe responsibilities you have at home/work/school.

Please describe your hobbies and any activities in which you are involved.

What age group would you like to work with at camp? Please explain why:

What contributions do you think you could make at camp?

BACKGROUND: Please attach details if you answer YES to any of the following questions.

1. Have you ever been accused, arrested or convicted of a misdemeanor or felony? ___No ___Yes
2. Have you ever been accused, arrested or convicted of any child related offenses? ___No ___Yes
3. Have you ever been addicted to or treated for alcohol or chemical dependence? ___No ___Yes
4. Are you under the care of a health care professional; Dr or Counselor for any physical or mental problems? ___No ___Yes
5. If you answered 'Yes' to question 4; do you take any medications for your physical or mental problem? ___No ___Yes

CERTIFICATIONS AND COMPLETED WORKSHOPS: (Current Basic First Aid and CPR are **required** for employment)

Please list your expiration date for all that apply.

CPR Expires ___/___/___ First Aid Expires ___/___/___ Archery Cert. Expires ___/___/___
WFA Expires ___/___/___ WFR Expires ___/___/___ Other _____
LGT Expires ___/___/___ Other _____

All SIT's will work the Dining Room, Dish Line, Horse Program, and an additional program area of your choice.

In which of the following areas would you be most interested in working?

Please Rank your top three choices. (1 being the area you are most interested, etc.)

Texture Crafts _____ Waterfront _____ Outdoor Living Skills _____ Sports _____ Farm _____

Pioneer Crafts _____ Web of Life _____ Fine Arts _____ The Mill _____

I attest that the information contained in this application is true to the best of my knowledge. I attest that I have not been arrested, charged nor convicted of any violations, misdemeanors or felonies. I have read and understand the SIT Policies and agree to follow them all, specifically the smoke, alcohol, and drug free policy, and the curfew policy.

Signature: _____ Date: ___/___/___

PARENT: I have read the attached materials, and support my teenager's application. I understand there is a selection process, and if accepted, my teenager will not be a camper, thus subject to all SIT policies and procedures. I understand that while there is supervision, there is not constant direct supervision as with campers. I also grant permission to Gwynn Valley to use any photographs or video of applicant in any of their promotional materials.

Signature: _____ Date: ___/___/___

GWYNN VALLEY STAFF GUIDELINES

Gwynn Valley Camp's goal is to create a safe and fun atmosphere where boys and girls can build self-esteem, learn new skills, and develop true friendships. The staff are the most important ingredients to achieving this goal. An effective staff member must be able to function in a variety of roles. You will be called upon to be a teacher, parent, leader, mentor and friend. **To ensure that the campers remain our first priority, please initial by each of the following guidelines that have been established by Gwynn Valley Camp.**

_____ **TOBACCO:** I understand that Gwynn Valley Camp is a **tobacco free community**. Smoking or the use of smokeless tobacco is prohibited on camp property or any camp sponsored trip.

_____ **ALCOHOL:** In keeping with NC state law, I understand that consumption of alcoholic beverages by minors (under 21) while employed by Gwynn Valley is prohibited.

_____ **DRUGS:** I understand the use of any controlled substance, including marijuana, is absolutely **PROHIBITED** during my employment with Gwynn Valley Camp. As a condition of my employment, I may be required to participate in drug screening.

_____ **CRIMINAL RECORD/ CHILD ABUSE:** I realize that sexual, physical or emotional abuse of any child, or any form of corporal punishment is not allowed. I certify by my signature below that I have never been accused, arrested or convicted of any felony and that I have never been accused, arrested or convicted of sexual, physical, or emotional abuse.

_____ **ROLE MODEL:** I understand that campers are very impressionable and will look up to me as a role model. I pledge to provide a positive image through my actions on duty and off. I will take special care in the language I use at all times, especially with campers. Profanity or poor sportsmanship have no place at Gwynn Valley Camp. Since the camp community is year round, I will also represent myself appropriately in regards to social networking on the Internet and in other public forums.

_____ **RELATIONSHIPS:** I understand that romantic, sexual, or illicit relationships of any kind are prohibited between staff members. Relationships between staff and SIT's (staff in training) are forbidden. Discrimination or harassment of any kind will not be tolerated.

_____ **PERSONAL APPEARANCE:** I understand that I will set a good example in my clothing and appearance while at camp. Body piercing, tattoos, and extreme hair coloring/cutting are not permitted during employment at Gwynn Valley Camp unless given specific permission by the Directors. Excessive piercings will be reviewed at the discretion of the Directors. While there are many personalities and styles at Gwynn Valley, I will maintain good hygiene and a well-kept appearance (including shaving), similar to when I was interviewed and hired. I realize I will be given a staff shirt to be worn on opening and closing days and other camp events. Inappropriate slogans or emblems on clothing is not permitted. Male and female staff realize the need to dress modestly while on duty or around the waterfront.

_____ **REST / TIME OFF:** I understand that I need to maintain a healthy amount of sleep to insure I am ready to be the best I can be. I understand that I am expected to be in my cabin by 11:00pm when I am not on my time off with the other SIT's and SIT Coordinator.

_____ **WELLNESS:** I understand the importance of immediately reporting to the Health Care Center if I am not feeling well.

_____ **DIETARY:** I realize that Gwynn Valley's foodservice will serve well-balanced meals and snacks, and I also understand that my personal dietary preferences may not always be met while at camp. I will inform the directors of any special dietary needs prior to the start of camp.

_____ **VISITORS:** I understand that if I plan to have visitors at camp, I will notify one of the directors. It is my responsibility to see that visitors do not interfere with my camp duties and I realize that visitors cannot participate in any camp activities without the prior approval of a director.

_____ **ELECTRONICS/CELL PHONES:** In keeping with the camp atmosphere, I will keep all electronics, laptops, cell phones, chargers, pagers, etc. away from the campers and will store them out of camp reach. I realize that personal cell phones can be used at the Welcome Hut or off camp property during my free time.

The purpose of these guidelines is to make Gwynn Valley a child oriented place. To achieve this goal, staff must strive to be responsible role models to the campers; provide leadership and supervision not only during in-camp programs but on all off-camp programs; work with other staff members to provide positive experiences for all members of the camp community; provide exemplary behavior and leadership when not specifically assigned; and adjust one's personal habits to the philosophy, policies and ideals of Gwynn Valley Camp. The camper's happiness and welfare is our primary concern. Camp is a community of people living and working together. My signature below certifies that I will abide by these guidelines and pledge to provide a positive experience for the campers and staff at Gwynn Valley Camp.

Signed: _____ Date: _____

Name (Printed): _____



Office Use:

GWYNN VALLEY CAMP REFERENCE QUESTIONNAIRE

A Summer Camp for Boys and Girls since 1935. Offering a Traditional, Farm, and Wilderness Program that nurtures the child while fostering a connection with the land and the simple joys of childhood.

Applicant Name: _____

Position Applied for: (Please circle) Staff in Training / Intern / Counselor / Program Leader / Leadership / Other _____

I (applicant name) _____ have applied to work at Gwynn Valley Camp for boys and girls. I hereby authorize the person completing this form to provide any information concerning me. I also release you, your organization and Gwynn Valley from all liability and or damage whatsoever arising there from. All information is held in the strictest confidence. I DO / DO NOT (Please circle) voluntarily waive my right to view this form as long as it is used for its stated purpose. **FRIENDS or RELATIVES are not considered an appropriate reference.**

Applicant Signature: _____ Today's Date: ____ / ____ / ____

Thank you for taking the time to complete this questionnaire. You have been asked to complete this form based upon your previous experience with the above named applicant. Your insight will help us as we decide who should work with our campers this summer. Our program is for children aged 5 –14 years of age and we are therefore concerned that our staff have a high moral character, good judgment and are positive role models for our campers. Please complete this form and return to Gwynn Valley ASAP. If you have any questions, please don't hesitate to contact us.

Reference completed by: Please Print Name _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

If you have previously employed applicant, in what capacity? _____

If given the opportunity would you hire / re-hire? Why? _____

<u>Performance Evaluation</u>		Excellent	Very Good	Good	Fair	N/A
Applicant's Traits	Attitude	0	0	0	0	0
	Integrity	0	0	0	0	0
	Maturity	0	0	0	0	0
	Patience	0	0	0	0	0
	Responsibility	0	0	0	0	0
Applicant's Performance	Creativity	0	0	0	0	0
	Leadership Ability	0	0	0	0	0
	Work Ethic / Habits	0	0	0	0	0
	Flexibility / Adaptability	0	0	0	0	0
	Ability to work in a group	0	0	0	0	0
	Relationship with co-workers	0	0	0	0	0
	Ability to relate to children	0	0	0	0	0
Children's response to applicant	0	0	0	0	0	

1. Would you be willing to leave your child (or a child in your life) with the applicant for an extended period of time? _____

2. What would you consider are the applicant's best skills / strengths for a camp job? _____

3. Are there any weaknesses you feel the applicant may have for camp counseling? _____

4. Do you believe the applicant may have been or is still a user of illegal drugs? NO / YES (If yes, please explain on back)

5. Do you believe the applicant is an excessive or indiscriminate user of alcohol? NO / YES (If yes, please explain on back)

6. Please supply additional information which may help us to decide if this applicant may be suitable to work at our residential summer camp.

Referee Signature: _____ Date: ____ / ____ / ____

Phone Number: (____) _____ - _____ Best time to call: _____ AM / PM



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