



# 2010 STAFF IN TRAINING APPLICATION

*Please attach or email a recent photo*

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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 #:** \_\_\_ - \_\_\_ - \_\_\_

<p><b>Address &amp; Contact Information:</b></p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip: _____ Country: _____</p> <p>Email: _____</p> <p>Cell Phone: _____ - _____ - _____</p> <p>Parent Home Phone: _____ - _____ - _____</p>	<p><b>Parent and Emergency Contact Information:</b></p> <p>Mothers Name: _____</p> <p>Cell# _____ - _____ - _____ Work# _____ - _____ - _____</p> <p>Fathers Name: _____</p> <p>Cell# _____ - _____ - _____ Work# _____ - _____ - _____</p> <p>Emergency Contact Name: _____</p> <p>Ph 1 _____ - _____ - _____ Ph 2 _____ - _____ - _____</p>
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**SESSION CHOICE:** Please rank the following sessions: **1-first choice, 2-second choice, 3-third choice**

SESSION A&B: June 11 -July 02 \_\_\_\_\_ SESSION C: July 04-July 23 \_\_\_\_\_ SESSION D&E: July 25-August 15 \_\_\_\_\_

**EDUCATION:**

High School	Grade completed 2010	Favorite Subjects	Graduation Date
_____			

**EMPLOYMENT/ WORK HISTORY:**

Dates	Employer/Supervisor	City/State	Phone	Nature of work	Reason for Leaving
_____					
_____					

**CAMP EXPERIENCE:**

Camper or Staff?	Camp	Director	City/State	Phone	Dates
_____					
_____					

**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
_____			
_____			
_____			

**Getting to know you...**  
Please use additional paper if necessary

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

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

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

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

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What contributions do you think you could make at camp?

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**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: \_\_\_/\_\_\_/\_\_\_



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\_\_\_\_\_

## GWYNN VALLEY CAMP REFERENCE QUESTIONNAIRE

A Summer Camp for younger 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 younger 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 children 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
<b>Applicant's Traits</b>	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
<b>Applicant's Performance</b>	Creativity	0	0	0	0	0
	Leadership Abil-	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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