



1080 Island Ford Rd.
 Brevard, NC 28712
 828-885-2900
 Fax: 828-885-2413
 mail@gwynnvalley.com
 www.gwynnvalley.com



Please attach photo

2008 SUMMER CAMP STAFF APPLICATION

NAME: _____ DATE: ____/____/____
First Middle Last
 E-mail address: _____ Cell Phone # () _____
 Social Security # : _____ - _____ - _____ Sex _____ Date of Birth: ____/____/____
PRESENT or SCHOOL ADDRESS:
 Street _____ City _____ State _____ Zip _____
 Phone: () _____ Dates you expect to be at this address and phone: ____/____/____
PERMANENT ADDRESS:
 Street _____ City _____ State _____ Zip _____
 Phone: () _____ Dates you expect to be at this address and phone: ____/____/____

POSITION(S) APPLYING FOR: _____
 Available to work: FROM/TO _____ Spring Break Dates: ____/____/____
 How did you learn about Gwynn Valley? Please check one of the following.
 Alumni ___ Years _____ Friend ___ Friends Name _____
 Internet ___ Website _____ Staff Fair ___ Where _____
 Other _____

EDUCATION: Name of College/University Major Year (fresh,soph,etc) Degrees Granted/Year

EMPLOYMENT/WORK HISTORY: List all information for previous four summers/years

Dates	Employer/Immediate Supervisor	Address/Phone	Nature of Work	Reason for Leaving

CAMP EXPERIENCE:

Camper or staff? Camp	Director Name	Location	Dates

REFERENCES: Give names and contact information of 3 persons, or place of employment, who have knowledge of your character, experience and abilities. Ask them to complete the enclosed reference forms.

PLEASE DO NOT USE RELATIVES OR FRIENDS

Name _____ Address _____

Phone () _____ E-Mail _____ Relationship _____

Name _____ Address _____

Phone () _____ E-Mail _____ Relationship _____

Name _____ Address _____

Phone () _____ E-Mail _____ Relationship _____

GETTING TO KNOW YOU: *The following questions are designed to help us get to know you better and give you a chance to understand more of what your role in camp might be. They are very important and a mandatory part of the application process.*

Please answer on a separate sheet of paper.

1. Autobiographical essay... Tell us about yourself (family, education, social, etc.) and any other experiences which make you an excellent candidate.
2. Why are you interested in working at a camp, Gwynn Valley specifically?
3. Describe all experiences you have had with children (include ages and your responsibilities).
4. Please describe all leadership positions you have held and the related responsibilities.
5. What do you see being your greatest challenges with the lifestyle at camp? How will you manage these?
6. We are a non-sectarian camp; our campers and staff are of many faiths. We sing blessings at each meal and hold a service on Sundays. Would you be comfortable in this setting? If not, why?
7. If you are interested in working with our Older Programs, Mountainside (ages 11-12), Riverside (ages 13 & 14) please explain why, your experience with that age group, and your outdoor skills.
8. If you are interested in working in our Day Camp program, please explain why and list any personal experience you have had with a day camp program?
9. If you are interested in working in a Support Staff position (kitchen, maintenance, housekeeping, laundry, medical, office, etc) please describe your experience and why you are interested in doing this job in a camp setting.

CERTIFICATIONS & COMPLETED WORKSHOPS: *Current Basic First Aid and CPR are required for employment. Copies of certifications must be turned in or mailed to the office before you begin work.*

CPR ____ Expires _____ Swim Instructor ____ Expires _____

WFR ____ Expires _____ Archery Instructor ____ Expires _____

WFA ____ Expires _____ Canoeing Instructor ____ Expires _____

First Aid ____ Expires _____ Kayaking Instructor ____ Expires _____

Lifeguard ____ Expires _____ AMGA ____ Expires _____

Other _____

BACKGROUND: Please attach details to any of the following questions if answered yes.

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

SKILLS AND EXPERIENCE

In the following list put a (1) by those activities you can organize and teach as an expert; (2) by those activities in which you can assist in teaching; and (3) for those activities in which you have had some useful experience. Please describe in detail your experience, qualifications, and aptitude for your top three skill areas at bottom of this section.

<p>ARTS AND CRAFTS</p> <p>Pottery _____</p> <p>Weaving _____</p> <p>Natural Materials _____</p> <p>Woodworking _____</p> <p>Paper Making _____</p> <p>Basketry _____</p> <p>Tye-Dying _____</p> <p>Batik _____</p> <p>Sewing _____</p> <p>Knitting _____</p> <p>Beading _____</p> <p>Other _____</p> <p>FINE ARTS</p> <p>Drama _____</p> <p>Creative Writing _____</p> <p>Folk Dancing _____</p> <p>Camp Newspaper _____</p> <p>Storytelling _____</p> <p>Guitar _____</p> <p>Piano _____</p> <p>Other Instruments _____</p> <p>Singing _____</p> <p>FARM</p> <p>Farming _____</p> <p>Gardening _____</p> <p>Animal Care _____</p> <p>Veterinary Science _____</p> <p>Meteorology _____</p> <p>GRIST MILL</p> <p>Fishing _____</p> <p>Outdoor Cooking _____</p> <p>Pioneer Skills _____</p>	<p>WATERFRONT</p> <p>Swimming _____</p> <p>Canoeing _____</p> <p>Kayaking _____</p> <p>Lifeguard _____</p> <p>Waterfront Management _____</p> <p>OUTDOOR LIVING SKILLS</p> <p>Day Hiking _____</p> <p>Fire Building _____</p> <p>Outdoor Cooking _____</p> <p>Basic Camping _____</p> <p>Native American Skills _____</p> <p>Knots _____</p> <p>Pioneering Skills _____</p> <p>NATURAL HISTORY</p> <p>Land Ecology _____</p> <p>Aquatic Ecology _____</p> <p>Botany _____</p> <p>Astronomy _____</p> <p>Birding _____</p> <p>Environmental Education _____</p> <p>SPORTS</p> <p>Archery _____</p> <p>Soccer _____</p> <p>Volleyball _____</p> <p>Basketball _____</p> <p>Ultimate Frisbee _____</p> <p>Team Building/Initiatives _____</p> <p>Initiatives & Games _____</p> <p>Indoor Games _____</p> <p>Other Sports _____</p> <p>_____</p> <p>_____</p>	<p>HORSEBACK RIDING</p> <p>English _____</p> <p>Western _____</p> <p>Hunt Seat _____</p> <p>Riding Instruction _____</p> <p>Stable Management _____</p> <p>Horse Care _____</p> <p>ADVENTURE SPORTS</p> <p>Mountain Biking _____</p> <p>Bike Maintenance _____</p> <p>Whitewater Canoeing _____</p> <p>Class (I, II, III, IV) _____</p> <p>Whitewater Kayaking _____</p> <p>Class (I, II, III, IV) _____</p> <p>Rock Climbing _____</p> <p>Leading Level _____</p> <p>Climbing Wall _____</p> <p>Backpacking _____</p> <p>Orienteering _____</p> <p>Low Ropes Course _____</p> <p>Initiatives & Games _____</p> <p>FOOD SERVICE</p> <p>Food Prep _____</p> <p>Cooking _____</p> <p>Baking _____</p> <p>Dining Room Mgmt. _____</p> <p>Sanitation/Dishes _____</p> <p>CAMP OPERATIONS</p> <p>Grounds _____</p> <p>Maintenance & Repair _____</p> <p>Construction _____</p> <p>Van Driver _____</p> <p>Office (Computer, Phone) _____</p> <p>Housekeeping _____</p> <p>Laundry _____</p>
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1. _____

2. _____

3. _____

Your signature attests that you have answered all questions honestly and accurately and that you have no problem complying with the type of lifestyle indicated by camp and camp policies. Your signature also gives permission for the camp to check employment history, references, criminal records, and driving records. In the event of employment, I agree to abide by all operating procedures and policies and to be in compliance with Gwynn Valley's Drug/Tobacco/Alcohol-Free Workplace Policy.

Date _____ Signature _____



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REFERENCE QUESTIONNAIRE

(Position applied for) _____

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 and relatives are not considered an appropriate reference.

Applicant Signature: _____ Date: ____/____/____

Applicant's 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
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic / Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility / Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's response to applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2) What would you consider are the applicants 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? _____

5) Do you believe the applicant is an excessive or indiscriminate user of alcohol? _____

6) Please supply any additional information, which may help us in deciding if this applicant may be suitable as a staff member at our residential summer camp: _____

Reference completed by: (Please Print) _____

Signature: _____

Date: ____/____/____

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

Thank you for taking the time to complete this questionnaire. Your insight will help us as we decide who should work with our children this summer.

- Please complete this form and return to Gwynn Valley ASAP. 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.
- If you have any questions please don't hesitate to contact us:



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