



CAMP ALTA MONS

SUMMER STAFF APPLICATION

*Providing Space
to Experience
God!*

Website: www.altamons.org e-mail: office@altamons.org

UPON COMPLETION, PLEASE RETURN TO:

CAMP ALTA MONS
2842 CROCKETT SPRINGS RD
SHAWSVILLE, VA 24162

DATE OF APPLICATION _____ YEAR IN SCHOOL _____ SOCIAL SECURITY NUMBER _____

(College or High School: Fr. Soph. Jr. Sr.)

NAME _____ BIRTHDAY _____

HOME ADDRESS _____ PHONE _____

STREET

CITY

STATE

ZIP

SCHOOL ADDRESS _____

SCHOOL PHONE NUMBER or CELL _____

E-MAIL ADDRESS (IF AVAILABLE): _____

POSITION FOR WHICH YOU ARE APPLYING: (CHECK POSITION APPLYING FOR)

- | | | |
|---|--|--|
| <input type="checkbox"/> Program Coordinator (The Rock) | <input type="checkbox"/> Nature/Resource | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> Resource Coordinator (The Servant) | <input type="checkbox"/> Music / Worship | <input type="checkbox"/> Pool Coordinator |
| <input type="checkbox"/> Adventure Coordinator | <input type="checkbox"/> Crafts / Resource | <input type="checkbox"/> Nurse (RN or LPN) |
| <input type="checkbox"/> Challenge Course Staff | <input type="checkbox"/> Kitchen/Cook-Out Staff | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Residential Counselor | <input type="checkbox"/> Counselor in Training (CIT) | <input type="checkbox"/> Other _____ |

PREVIOUS CAMPING EXPERIENCE:

CAMPER OR STAFF

NAME OF CAMP

NUMBER OF SEASONS

LOCATION

WHAT LEADERSHIP / TEACHING EXPERIENCE HAVE YOU HAD?

MEMBERSHIP (NAME & LOCATION OF CHURCH) _____

ARE YOU WILLING TO GROW IN YOUR CHRISTIAN FAITH? YES NO

PLEASE ELABORATE BY SHARING WHAT PART YOUR FAITH PLAYS IN YOUR EVERDAY LIFE.

CHECK THOSE RED CROSS CERTIFICATIONS WHICH YOU CURRENTLY HOLD (provide documentation):

LIFE GUARD TRAINING FIRST AID CPR

OTHER TRAINING _____

WHAT COURSES AND / OR EXPERIENCE (WORK, VOL., TRAVEL, SCHOOL, ETC.) HAVE YOU HAD TO HELP YOU FOR THIS SUMMER

SHARE ANY INFORMATION ABOUT YOURSELF WHICH YOU THINK WILL BE HELPFUL IN A CHURCH CAMP

SETTING: _____

EXPLAIN WHY YOU WOULD LIKE TO WORK AT CAMP ALTA MONS (USE A SEPARATE SHEET OF PAPER, ABOUT 250 WORDS).

CHECK CAMP ACTIVITIES IN WHICH YOU FEEL YOU COULD ASSIST: (CHECK TWICE, IF ABLE TO LEAD ACTIVITY)

<u>Faith Development</u>	<u>Environment/Stewardship</u>	<u>Camp Craft</u>	<u>Athletics/Adventure</u>
<input type="checkbox"/> OUTDOOR WORSHIP	<input type="checkbox"/> WOODCRAFT	<input type="checkbox"/> FIRE BUILDING	<input type="checkbox"/> SPORTS
<input type="checkbox"/> BIBLE STUDY	<input type="checkbox"/> TREE / PLANTS	<input type="checkbox"/> CAMPSITE SETUP	<input type="checkbox"/> GAMES
<input type="checkbox"/> SONG LEADER	<input type="checkbox"/>	<input type="checkbox"/> TRAIL COOKERY	<input type="checkbox"/> ROPES COURSE
<input type="checkbox"/> DRAMA	<input type="checkbox"/> BIRDS / ANIMALS	<input type="checkbox"/> OVERNIGHT HIKES	(High/Low)
<input type="checkbox"/> DEVOTIONS	<input type="checkbox"/> ECOLOGY	<input type="checkbox"/> TRAIL BIKING	<input type="checkbox"/> ARCHERY
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> TRAIL PLANNING	<input type="checkbox"/> FISHING	<input type="checkbox"/> CANOEING
		<input type="checkbox"/> ARTS AND CRAFT	<input type="checkbox"/> WATER SPORTS
			<input type="checkbox"/> SWIMMING
<u>Learning/Leadership</u>			
<input type="checkbox"/> WILDERNESS SKILLS			
<input type="checkbox"/> CONFLICT RESOLUTION			
<input type="checkbox"/> COUNSELING			
<input type="checkbox"/> STORYTELLING			

HEALTH: DO YOU HAVE ANY CONDITION (PHYSICAL OR EMOTIONAL) WHICH MIGHT LIMIT YOUR FULL PARTICIPATION IN THE DUTIES LISTED ABOVE? _____ NO _____ YES

IF YES EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OR ACCUSED OF CHILD ABUSE? _____ SEXUAL ABUSE? _____
A FELONY? _____

IF YES, EXPLAIN HERE OR ON A SEPARATE SHEET OF PAPER:

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ IF SO, STATE & NUMBER _____

RECOMMENDATIONS (must provide 3 reference names):

MINISTER _____ PHONE _____

EMPLOYER _____ PHONE _____

CHARACTER _____ PHONE _____

SIGNATURE _____ DATE _____

WOULD YOU LIKE TO RECOMMEND A PERSON FOR STAFF:

NAME: _____ PHONE: _____

E-MAIL: _____

POSITION RECOMMENDED FOR:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> NURSE (LPN ___ or RN___) | <input type="checkbox"/> COUNSELOR |
| <input type="checkbox"/> ASSISTING IN KITCHEN | <input type="checkbox"/> LIFEGUARD |
| <input type="checkbox"/> DISHWASHER | <input type="checkbox"/> CHAPLAIN |
| <input type="checkbox"/> ASSEMBLING COOKOUT SUPPLIES | |
| <input type="checkbox"/> MAINTENANCE | |
| <input type="checkbox"/> CRAFTS | |
| <input type="checkbox"/> TRUCK DRIVER FOR OUTPOST SUPPLIES | |
| <input type="checkbox"/> NATURE GUIDE | |
| <input type="checkbox"/> OFFICE ASSISTANT (COMPUTER / TELEPHONE / COPIER) | |
| <input type="checkbox"/> OTHER _____ | |