

GENERAL INFORMATION

First Name	Last Name:	Date	
Current Address	City	State	Zip
Permanent Address	City	State	Zip
Current Phone	Other Phone		
Will you be 18 years-old or older by June 1, 2010?	Present Occupation and/or year in school		
Email	Best time to be reached		

EDUCATION

Name of Schools (most recent first)	Dates Attended	Highest Grade Completed	Degree

List major course of study and specific courses related to position desired.

Do you plan to apply for internship credits with your College or University? If yes, you'll be asked to provide more information.

POSITION INTEREST
Camp Preference

1st Choice 2nd Choice 3rd Choice 4th Choice

Please indicate position(s) desired:

MANAGEMENT <input type="checkbox"/> Assistant Director (P,M,C,W) OFFICE <input type="checkbox"/> Business Manager (P,M,C,W) <input type="checkbox"/> Administrative Assistant (P,C,W) UNIT <input type="checkbox"/> Unit Counselor (P,M,C,W) <input type="checkbox"/> Unit Leader (P,M,C,W) <input type="checkbox"/> CIT/JC Unit Leader (M) <input type="checkbox"/> CIT/JC Director (P)	PROGRAM <input type="checkbox"/> Program Director (P,M,C,W) <input type="checkbox"/> Program Specialist (P,M,C,W) <input type="checkbox"/> Nature Specialist (P,W) <input type="checkbox"/> Arts & Crafts Director (M) <input type="checkbox"/> Arts & Crafts Specialist (P,M,C,W) <input type="checkbox"/> Tripping Manager (M) <input type="checkbox"/> Travel Director (P) ADVENTURE <input type="checkbox"/> Adventure Director (M) <input type="checkbox"/> Adventure Counselor (M)	AQUATICS <input type="checkbox"/> Aquatic Director (M,C,W) <input type="checkbox"/> Pool Director (P,W) <input type="checkbox"/> Aquatic Counselor (M,C) <input type="checkbox"/> Lifeguard (P,C,W) <input type="checkbox"/> Canoe Specialist (P,C,W) <input type="checkbox"/> Sailing Specialist (C) <input type="checkbox"/> Kayak Specialist (C)	HEALTH <input type="checkbox"/> Health Manager (P,M,C,W) <input type="checkbox"/> Assistant Health Manager (P,M,C,W) FOOD <input type="checkbox"/> Food Supervisor (P,M,C,W) <input type="checkbox"/> Cook (P,M,C,W) <input type="checkbox"/> Kitchen Assistant (P,M,C,W) FACILITIES <input type="checkbox"/> Facilities Assistant (P,C,W)
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P – Camp Potomac Woods M – Camp May Flather C – Camp Coles Trip W – Camp Winona

SKILLS AREA

In the section below, please indicate which activities you are able to lead, assist teaching, and which interest you.

Camping Skills	Arts and Crafts	General Sports	Adventure Sports
<input type="checkbox"/> Basic Camp Skills	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Archery	<input type="checkbox"/> Low Ropes Course
<input type="checkbox"/> Backpacking	<input type="checkbox"/> Tie-Dye	<input type="checkbox"/> Field Games	<input type="checkbox"/> Rock Climbing
<input type="checkbox"/> Hiking	<input type="checkbox"/> Nature Crafts	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Caving
<input type="checkbox"/> Outdoor Cooking	<input type="checkbox"/> Weaving	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Belaying
<input type="checkbox"/> Orienteering	<input type="checkbox"/> Drawing	Water Sports	Nature Studies
Drama and Music	<input type="checkbox"/> Painting	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Astronomy
<input type="checkbox"/> Leading Songs	<input type="checkbox"/> Clothing Design	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Sustainable Living
<input type="checkbox"/> Drama		<input type="checkbox"/> Sailing	<input type="checkbox"/> Plant Life/Trees
<input type="checkbox"/> Dance		<input type="checkbox"/> Windsurfing	<input type="checkbox"/> Insects
		<input type="checkbox"/> Swimming	<input type="checkbox"/> Animals and Birds
		<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Catch/Release Fishing

In the section below, please indicate whether you are proficient (1), comfortable with (2), or do not have experience (3).

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Use of Fax Machine	<input type="checkbox"/> Program Evaluation
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Use of Copy Machine	<input type="checkbox"/> Event Management
<input type="checkbox"/> Basic Computer Troubleshooting	<input type="checkbox"/> Basic Accounting	<input type="checkbox"/> Supervising Peers
<input type="checkbox"/> Answering Phones	<input type="checkbox"/> Organizing Paperwork	

How did you hear about our Camp Jobs?

CERTIFICATIONS AND TRAININGS

Please indicate your certifications that will be current through the end of camp (August 17, 2010).
You will be required to submit copies of your current certifications once hired.

Other Training	Certification Expires		Other Training	Certification Expires
Standard First Aid			Water Safety Instructor	
Wilderness First Aid/Responder			Basic Swim Instructor	
CPR Certified		Type:	Kayak Instructor	
EMT		State:	Canoe Instructor	
Registered Nurse		State:	Windsurfing Instructor	
Certified Lifeguard		Type:	Sailing Instructor	
Licensed Driver		State:	Ropes Course Instructor	

CAMP RELATED EXPERIENCE

List experience in chronological order, starting with the most recent.

Year(s)	Camp	Director and/or Organization	City, State	Camper or Staff	Position Held

EMPLOYMENT HISTORY

List employment in chronological order, starting with the most recent.

Dates	Employer	City, State	Phone	Position and Brief Description	Supervisor	Reason for Leaving

What strengths do you possess that make you a qualified applicant for a summer position with GSCNC? What interests you in this job?

REFERENCES

List information for three people (not relatives) having knowledge of your experience and ability as it pertains to working in a camp environment.

Name	Relationship	Email Address	Phone

I hereby authorize you to check all my educational references and the personal reference as indicated below; I further authorize these references to release to you all information they have about me (check all that apply):

Present Employer

Previous Employer

Additional references listed

Do you know of any reason why you would not be able to perform the essential functions of the job position for which you are applying with or without reasonable accommodation? If yes, please describe:

Are you legally eligible to be employed in the United States?

Have you ever been convicted of a crime (other than traffic violations)?

If yes, please explain:

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment, and that employment is subject to verification of references.

Signature (electronic signatures accepted)

Date

This council is an Equal Opportunity Employer.

All applications are considered without regard to race, religion, color, sex, age, national origin, citizenship, disability, or marital status.