
**Camp Mitchell Camp and Retreat Center
2009 Summer Camp Employment Application**

General Information

Name _____ Male ___ Female ___

Age as of July 1, 2008: Under 18 ___ 18 to 20 ___ 21 or older ___

Position Applying For: Counselor ___ Counselor Assistant (CA) ___

Home Address

Street/PO Box _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

School Address

Street/PO Box _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Education

High School	City	State	Graduation Year
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_____	_____	_____	_____
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College	Major	Years Attended	Degree Granted
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_____	_____	_____	_____
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_____	_____	_____	_____
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If more space is needed, please answer the questions on a separate sheet and attach to this application.

What church do you attend?

At home: Church _____ City/State _____

At school: Church _____ City/State _____

What other religious organizations are you/have you been involved with?

Briefly describe your own personal Christian experience:

How did you hear about Camp Mitchell?

Why do you want to work at Camp Mitchell?

What position are you applying for? Why?

What experiences have you had that would help you be successful working at camp?

Have you ever been convicted of a felony? No ___ Yes ___

Have you ever been arrested on suspicion of or convicted of a crime related to child or sexual abuse? No ___ Yes ___

Have you been arrested on suspicion of or convicted of a crime related to drug or alcohol use? No ___ Yes ___

Are there any other reasons to question your suitability for working with children in a Christian camp? No ___ Yes ___

If the answer to any question is yes attach a statement explaining the circumstances.

References

Please provide three references who know you well and can provide the camp with insight into your character, faith and suitability for this position. References should include your priest/pastor and at least one present or past employer.

Name _____ Relationship _____
Street/PO Box _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

Name _____ Relationship _____
Street/PO Box _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

Name _____ Relationship _____
Street/PO Box _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____

Medical Information

Please include a copy of most recent physical and a front and back copy of insurance or medical card.

Physician/Health Provider _____ Telephone # _____

Insurance Company _____ Policy # _____

Date of last physical exam ____/____/____ Are all Immunizations Current? Y____N____
which, if any, are not?

Date of most recent DPT/tetanus vaccine _____

Note: All medications brought to camp will be checked in with the camp health care provider upon arrival. ALL MEDICATIONS ARE REQUIRED TO BE IN ORIGINAL CONTAINER, WITH CURRENT PRESCRIPTION LABEL ATTACHED. If you are taking the medication against the methods prescribed on the label, a signed note from the your physician or legal guardian will be required. Any over-the-counter medications will also be given to and verified by staff at registration.

Medications	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any allergies (i.e., bee stings, food, medications)? _____, If "yes,"
explain _____

Do you have a special diet (vegetarian, lactose intolerant)? _____

*A vegetarian option is available if needed. All other special foods must be brought from home.

History:

Frequent Ear Infections____ Diabetes____ Asthma____ Heart Problems____

Emotional Disorders____ Behavior Problems____ Seizures____

Fainting Spells____ Bed Wetting____ Other____

Please provide information about any checked boxes_____

Camp Dates

If applying for **Counselor**, you have to be able to attend Staff Training and all camp sessions. **No Exceptions.**

Please check the session(s) that you are available to serve as a **Counselor Assistant**. If checking more than one, please prioritize 1, 2, 3, etc. You will be notified what camps you will be working. No **CAs** will be needed for the week of Sr. High.

_____	May 31-June 4	Staff Training (Counselors Only)
_____	June 7-June 12	Senior High (Completed grades 9 th -12 th)
_____	June 14-June 18	Robert R. Brown I*
_____	June 21-June 26	Primary (Completed grades 1 st -3 rd)
_____	June 28-July 3	Middler I (Completed grades 3 rd -5 th)
_____	July 5-July 10	Jr. High (Completed grades 6 th -9 th)
_____	July 12-July 17	Middler II (Completed grades 3 rd -5 th)
_____	July 19-July 23	Robert R. Brown II*

* Robert R. Brown camps are for people with mental and physical disabilities, usually adults.

To the best of my knowledge all statements on this application are correct. I understand that if I have given false information on this application, I may be subject to termination.

Signature _____ Date _____

If you are under 18, please have one of your parents or legal guardian sign below as well.

Signature _____ Date _____

Return your complete application by March 1st to:
Katie McDonald
The Episcopal Diocese of Arkansas
PO Box 164668
Little Rock AR 72216