

APPLICATION FOR SUMMER CAMP STAFF
Baltimore Washington Conference Retreat and Camping Ministries
Complete and send to appropriate camp location.

**West River UM Center &
 Baltimore City Day Camps**
 PO Box 429 Churchton MD 20733
 410-867-0991, FAX 410-867-3741
director@westrivercenter.org

Manidokan Camp & Retreat Center
 1600 Harpers Ferry Dr, Knoxville, MD 21758
 301-834-7244, FAX 301-834-8096
manidokan@gmail.com

NAME _____ DATE OF BIRTH _____ MALE FEMALE

PRIMARY ADDRESS _____
Street Address City State Zip

SECONDARY ADDRESS _____
Street Address City State Zip

E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

HOME CHURCH _____ DENOMINATION _____

PASTOR'S NAME _____

List Church Activities in which you are involved: _____

EDUCATION Use additional paper if needed.

	Name & Location of School	Major Courses/ Areas of study	Degree or anticipated date of graduation
Last or Current High School attended			
College, University, Vocational or Business school attended			

EMPLOYMENT HISTORY List most recent positions first. Use additional paper if needed.

Organization Name	Organization Address	Position	Dates of Employment	Supervisor Name Telephone Number, Email

Please indicate any employers you do not wish to be contacted.

Indicate the position you are applying for (If you are applying for more than one position, indicate by preference 1st, 2nd, 3rd)

*= Additional certification required, some able to attain at camp.

West River Center

- Program Resource
- Nurse*
- Day Camp Counselor

- Lifeguard*
- Water Safety Instructor (WSI)*
- Sailing Director

- Cook
- Kitchen Aide
- Maintenance

Manidokan Camp & Retreat Center

- Program Resource
- Nurse*

- Lifeguard*
- Canoe*/Kayak Director

- Cook
- Kitchen Aide
- Maintenance

Baltimore City Day Camp Program

Program Director (minimum age 21)

Day Camp Counselor (minimum age 18)

Applicants for PROGRAM RESOURCE STAFF/DAY CAMP COUNSELOR please rate your ability with regard to the following activities.

1 =Willing to learn

2= Able to assist

3= Able to lead

- Arts and Crafts
- Worship
- Bible Study
- Music, playing an instrument
- Singing, leading worship
- Drama
- Power boating
- Canoeing

- Rafting
- Kayaking
- Swimming
- Nature Study
- Hiking
- Archery
- Sports
- Group Games

- Ropes Initiative course
- Climbing Wall/Rappelling
- High Ropes Course/ Zip line
- Photography
- Technology
(PowerPoint, facebook, twitter etc)
- Campfire Programs/Cookouts
- Other _____

ALL applicants check any certifications that you currently hold.

✓	Certification	Exp. Date	Issuing Agency
	Driver's License		State:
	First Aide		
	CPR		
	Archery		
	Canoeing		
	Lifeguarding		
	Water Safety Instructor		
	Boater's License		
	Other:		

CAMP EXPERIENCE (Indicate the names of camps where you have attended, counseled or been employed (paid or volunteer) and the type of work you performed.

Tell about a significant experience or person that has impacted your faith journey.

Why do you want to be on staff at a Christian camp?

REFERENCES Name three people (not related to you). These references will be contacted by mail, phone, or email.

1. Pastor/Church Leader

Name _____ Phone _____
Title/Position _____ Email _____
Relationship to you _____

2. Teacher/Professor

Name _____ Phone _____
Title/Position _____ Email _____
Relationship to you _____

3. Other (non-relative)

Name _____ Phone _____
Title/Position _____ Email _____
Relationship to you _____

APPLICANT'S STATEMENT

By my signature below, I agree that the information provided in this application (and in any related documentation or interview) is true and complete. I understand that any false or misleading information or significant omissions may disqualify me from further consideration of employment and may lead to dismissal of my employment if discovered at a later date. I have read all information contained on this application as well as enclosed job descriptions/information and camp policies and agree to uphold the same.

Signature _____ Date _____

CHILD ABUSE/SEXUAL MISCONDUCT QUESTIONNAIRE

(Please write your answer at the end of each question. Use more space if necessary.)

1. Have you ever filled out this questionnaire for this church or agency? ____ Yes ____ No
If no, please answer questions 2-9 below.
If yes, give date: _____. Name of Church/Agency _____
Have any answers changed since you filled out that copy?
If no, please sign and return this form. If yes or if you are unsure, please answer questions 2-9.
2. Have you ever been accused in a written signed statement, of sexual misconduct with a child or youth?
3. Have you ever been accused in a written signed statement, of sexual misconduct with an adult?
4. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?
5. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?
6. If your response to any of the foregoing questions is yes, please provide all details regarding each accusation that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct and the name of your employer at the time of the alleged misconduct.
7. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g. indictment, arrest, trial, etc.) ? If so, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings). Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? If so, please provide the same details with respect to each proceeding.
8. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?
9. Please provide three references (names, addresses, phone numbers) of persons, who are not related to you by blood or marriage and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth and adults. **(If you wish to use the references listed on the previous page, please indicate.)**

____ I verify that the answers I have provided on this application are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this form, will result in my being denied the position for which I am being considered. I also understand and give permission for the Retreat and Camping Ministries of the Baltimore Washington Conference to run a required background check.

If under 18, a parent or guardian must also sign.

Signature _____

Date _____

Parent or guardian signature (*if under 18*) _____