



2010 - STAFF APPLICATION

Name _____ Bird Name (Return Staff) _____

Permanent Mailing Address

Street _____ City _____ State _____ Zip _____ Area Code _____ Phone _____

Present Mailing Address

Street _____ City _____ State _____ Zip _____ Area Code _____ Phone _____

Present Address Good Until (date) _____ Social Security # _____

E-mail Address _____ Driver's License # _____

Church Affiliation _____ Birthdate _____ Marital Status _____

Current Employment (Give name and address of employer and type of work)

Education: High School Graduate? _____ Yr. _____

College (Name) _____ Grad? _____ Yr. _____ Major _____

Physical: Do you have any limitations? _____ Describe: _____

POSITIONS Mark position for which you are applying.

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Counselor* | <input type="checkbox"/> Head Cook | <input type="checkbox"/> Science Camp Instructor | <input type="checkbox"/> SOAR |
| <input type="checkbox"/> Crafts Instructor | <input type="checkbox"/> W.S.I. | <input type="checkbox"/> Program Director | Leader |
| <input type="checkbox"/> Activity Teacher | <input type="checkbox"/> Tuck Shop Coordinator | <input type="checkbox"/> Business Manager | <input type="checkbox"/> CILT/ |
| <input type="checkbox"/> Nurse (RN) | <input type="checkbox"/> Horsemanship Instructor | <input type="checkbox"/> Divisional Director* | BUILT |
| <input type="checkbox"/> Assistant Cook | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Team Elijah-Work Crew Counselor | |

***COUNSELORS and DD APPLICANTS** Please indicate the age group with which you prefer to work:

(Please mark 1st and 2nd choices)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 3rd-4th grades _____
Pathfinders | <input type="checkbox"/> 5th-6th grades _____
Trailblazers | <input type="checkbox"/> 7th-8th grades _____
Challengers | <input type="checkbox"/> 9th-12th grades _____
Explorers |
|--|---|--|---|

SESSIONS Mark week(s) for which you are applying

- | | | | | |
|---|---|---|--------------------------------------|---------------------------------------|
| HORSE CAMP | Family Camp | GIRLS CAMP/CILT | CULINARY | S.O.A.R |
| <input type="checkbox"/> June 20-26 | <input type="checkbox"/> July 5-10 | <input type="checkbox"/> Wk 1: July 11-17 | <input type="checkbox"/> August 2-6 | <input type="checkbox"/> August 1-6 |
| | | <input type="checkbox"/> Wk 2: July 18-24 | | <input type="checkbox"/> August 8-13 |
| BOYS CAMP | BUILT | <input type="checkbox"/> Wk 3: July 25-31 | SCIENCE CAMP | Camp 101 |
| <input type="checkbox"/> June 27-July 3 | <input type="checkbox"/> June 20-July 3 | | <input type="checkbox"/> August 8-13 | <input type="checkbox"/> August 15-18 |

COUNSELORS: For my activity class I'd like to teach _____ P T C E (circle age group)... max # _____

LONG-TERM STAFF: Pre-Camp Training is from June 20 (1:00pm) through June 26 (1:00pm). Mark this on your calendar!

SHORT-TERM STAFF: Plan to arrive the day before the camp session begins. **STAFF TRAINING IS MANDATORY.**

All staff must bring a record of a current (within last 3 yrs) TB test.

CERTIFICATION/ TRAINING

Please describe current Red Cross certifications (Swimming, First Aid, CPR, W.S.I., Lifeguard, Small Craft, etc.)

Please describe other current certifications/licenses (Archery, Riflery, Horsemanship, Nursing, etc.)

(We must have copies of ALL certifications or licenses attached to this application.)

EXPERIENCES (Please be specific)

As a Camp Staff Member:

Leadership with Children:

As a Camper:

SPIRITUAL PREPARATION On a separate piece of paper, please respond to the following. **Return staff answer 3-5**

1. Give your personal testimony.
2. How does someone become a Christian?
3. How is your spiritual commitment affecting your life and relationships?
4. In what areas of your life are you "growing"?
5. Discuss your involvement with the church you are presently attending.
If you are not attending a church at this time, explain why.

REFERENCES: Names of non relatives to whom you will send the reference form

1. Pastor _____ Church Name _____

Address _____ (_____) _____

Street City State Zip Area Code Phone

2. Name _____ Relationship _____

Address _____ (_____) _____

Street City State Zip Area Code Phone

3. Name _____ Relationship _____

Address _____ (_____) _____

Street City State Zip Area Code Phone

NEW staff, please give a copy of the reference form to each person listed above, along with a stamped envelope addressed to: Amy Goodwin, Huron Forest Camp CedarRidge, 36208 Freedom Rd, Farmington, MI 48335

Have you lived in other states within the past ten years? If so, please list and give dates:

Have you been convicted of anything other than minor traffic violations? _____ If yes, explain:

Do we have your permission to do a criminal/sex offender/police record check? YES NO

Do you now or have you in the past year used tobacco, alcoholic beverages, or illegal drugs? ____ If yes
Please identify which, how often and most recent usage:

Have you in the past year exposed yourself to print, video or Internet pornography? ____ If yes
Please explain what steps you are taking to correct the situation:

Are you currently struggling with sexual temptation in a relationship? ____ If yes
How are you resisting the temptation?
(If you need help in any of the areas above please let us know so we can connect you with biblical counsel.)

AIMS

1. What personal goals would you have coming to Huron Forest Camp CedarRidge this summer?
2. What contributions would you be able to make to this camp ministry?

COMMITMENT

I understand that being a HFCC staff member means serving and cooperating with all staff members as unto the Lord, obeying camp policies and sacrificing personal desires in the interest of campers and other staff. My aim is to make the reality of Jesus Christ known to others through my life.

Signed _____ Date _____

TO PARENTS

List the name(s) and grade(s) of your children who will be camper(s): Be sure to mail in registration from brochure to Registrar.

List the name(s) and age(s) of your non-camper children who will be "staff-kids", Ages 4-10:

SEND APPLICATIONS TO

Amy Goodwin - Camp Director
Huron Forest Camp CedarRidge
36208 Freedom Rd,
Farmington MI 48335
(248) 615-9844

Huron Forest Camp CedarRidge is an at-will employer.

After June 10 send directly to camp:
Huron Forest Camp CedarRidge
1154 W River Rd,
Oscoda MI 48750
(989) 739-3571



Date: _____

CONFIDENTIAL Staff Character Reference

_____ has applied for a summer staff position as _____ at Camp CedarRidge and has given your name as a reference. We feel it is our obligation to do all in our power to protect our campers from the threat of harm. Recognizing that each staff member has the potential to impact campers in either a positive or a negative way, we wish to provide our campers with a staff that has strength of character, are service motivated and have overall integrity. With this in mind, please complete this evaluation of the applicant's character. All information will be held in strict confidence.

How long have you known the applicant? _____ **In what capacity?** _____

How well do you feel that you know the applicant? ___Very well ___Rather well ___Casually

If you had a child of camper age, how would you feel having your child spend six days with the applicant as an example?

___Positive ___Comfortable ___Not sure ___Concerned

Do you have any doubts or questions concerning the applicant's moral behavior?

___Yes ___No If Yes please explain _____

To your knowledge, has the applicant ever been accused of any improper conduct around children?

___Yes ___No

Knowing the applicant as you do, would you encourage us to accept the applicant?

___Yes ___No - I prefer to discuss this applicant further. Please call me. (_____) _____

Please check the proper column to best describe the applicant:

	Outstanding	Above Average	Average	Fair	Not Observed	Comments
Ability to work with children in grades						
1-2						
3-4						
5-6						
7-8						
9-12						
Dependability						
Emotional Stability						
Flexibility						
Influence						
Organizational ability						
Personal appearance						
Punctuality						
Quality of work						
Responsibility						
Self-discipline						
Soundness of judgment						
Tactfulness						

Signature _____ Date _____
 Title (if applicable) _____

Thank you so much for your help. Please feel free to attach additional comments.



Date: _____

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Signature _____ Date _____

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