



SUMMER CAMP STAFF APPLICATION 2019

PERSONAL INFORMATION

(PLEASE PRINT OR TYPE)

FULL NAME: _____ SOCIAL SECURITY # _____ - _____ - _____

GENDER: M F AGE: _____ D.O.B: ____/____/____
IN JUNE 2019 MO/DATE/YEAR

CURRENT MAILING ADDRESS:

STREET: _____ CITY: _____ ZIPCODE: _____

PHONE: (____) _____ - _____ CELL: (____) _____ - _____

E-MAIL: _____

POSITION DESIRED

(PLEASE INDICATE FIRST (1) AND SECOND (2) CHOICES)

SENIOR COUNSELOR
(MUST BE AT LEAST 18)

ASSISTANT COUNSELOR
(MUST HAVE COMPLETED 1 YEAR OF H.S)

ACTIVITY SPECIALIST
(MUST BE AT LEAST 18)

KITCHEN ASSISTANT
(MUST BE AT LEAST 18)

WHAT WEEKS ARE YOU AVAILABLE TO WORK? *

WEEK 1: JUNE 30 – JULY 6

WEEK 3: JULY 14 – JULY 20

WEEK 2: JULY 7 – JULY 13

WEEK 4: JULY 21 – JULY 27

*PLEASE NOTE: MARKING THESE WEEKS WILL NOT GUARANTEE THAT YOU WILL BE ABLE TO ATTEND CAMP ST. FRANCIS ON THOSE WEEKS.

**PLEASE NOTE THAT ALL CAMP STAFF ARE EXPECTED TO ATTEND STAFF ORIENTATION DAYS:
SENIOR COUNSELORS, ACTIVITY SPECIALIST, AND ASSISTANT COUNSELORS: JUNE 27 – JUNE 30**

WHAT AGE GROUP DO YOU PREFER TO WORK WITH?

7 – 8 9 – 10 11 – 12 NO PREFERENCE



APPLICANTS NAME

EDUCATIONAL BACKGROUND

HIGH SCHOOL: _____ GRAUDATION DATE: _____ / _____
MONTH / YEAR

COLLEGE: _____ GRADUATION DATE: _____ / _____
MONTH / YEAR

COLLEGE MAJOR(S): _____

PLEASE LIST ANY COURSES, SPECIAL TRIANING, OR CURRENT CERTIFICATIONS (INCLUDING EXPIRATION DATES) RELATED TO POSITION DESIRED:

CAMP EXPERIENCE

(EITHER AS A CAMPER OR STAFF) – NOT REQUIRED FOR PLACEMENT

POSITION	CAMP	CITY, STATE	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

POSITION	CAMP	CITY, STATE	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

KNOW A BEACH LIFEGUARD?

PLEASE WRITE DOWN HIS/HER CONTACT INFORMATION HERE:

NAME: _____ PHONE NUMBER: (_____) _____ - _____ E-MAIL: _____

SHIELD TRAINING

SHIELD IS A COURSE REQUIRED BY THE DIOCESE OF MONTEREY FOR ALL THOSE WHO ARE PLANNING ON WORKING WITH CHILDREN. THIS WILL BE REQUIRED ONCE THE APPLICATION IS APPROVED. IT MUST BE DONE BEFORE YOU COME TO TRAINING WEEK.

CPR TRAINING

PLEASE ATTACH CERTIFICATION TO THE APPLICATION



_____ APPLICANTS NAME

FAITH FORMATION

WHAT IS YOUR RELIGIOUS AFFILIATION? _____

WHAT IS YOUR HOME PARISH COMMUNITY? _____

IF YOU ARE ROMAN CATHOLIC:

- | | | |
|---|------------------------------|-----------------------------|
| ARE YOU BAPTIZED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| HAVE YOU RECEIVED YOUR FIRST COMMUNION? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ARE YOU CONFIRMED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

IF YES, IN WHAT CAPACITY? _____

HOW DO YOU DESCRIBE YOUR RELATIONSHIP WITH GOD AND YOUR FAITH?

BRIEFLY DESCRIBE A SIGNIFICANT SPIRITUAL EXPERIENCE IN YOUR LIFE.

ARE YOU WILLING TO LEAD YOUNG PEOPLE IN PRAYER AND EDUCATE THEM IN FAITH? EXPLAIN.

HOW WILL YOU WITNESS YOUR FAITH LIFE TO THE CAMPERS?



APPLICANTS NAME

ACTIVITIES

IN THE FOLLOWING LIST, PLACE A **1** BEFORE THE ACTIVITIES YOU CAN **ORGANIZE AND TEACH WELL**,
2 FOR THE ACTIVITIES YOU CAN **ASSIST IN TEACHING**, AND
3 FOR THOSE IN WHICH YOU HAVE HAD **SOME USEFUL EXPERIENCE**.

SPORTS AND GAMES

- ___ BASKETBALL
- ___ SOCCER
- ___ VOLLEYBALL
- ___ ARCHERY
- ___ ULTIMATE FRISBEE
- ___ SKATEBOARDING
- ___ INFORMAL GAMES
- ___ COOPERATIVE GAMES
- ___ FIELD GAMES
- ___ PING-PONG/TABLE TENNIS
- ___ FOOSBALL
- ___ BOARD GAMES
- ___ MARTIAL ARTS
- ___ OTHER SPORTS _____
- ___ OTHER GAMES _____

CREATIVE ARTS

- ___ NATIVE INDIAN CRAFTS
- ___ LEATHERWORK
- ___ WOODWORKING
- ___ MODEL MAKING
- ___ LANYARD
- ___ BEADS
- ___ DRAWING
- ___ PAINTING
- ___ SCULPTURE
- ___ PAPER MACHE
- ___ OTHER ARTS _____
- ___ OTHER CRAFTS _____

NATURE/ECOLOGY

- ___ HIKING
- ___ NATURE CRAFTS
- ___ NATURE GAMES
- ___ NATIVE INDIAN LORE
- ___ ASTRONOMY
- ___ MARINE SCIENCE/OCEANOGRAPHY
- ___ ENVIRONMENTAL EDUCATION
- ___ OTHER NATURE ACTIVITIES _____

AQUATIC/BEACH ACTIVITIES

- ___ SWIMMING
- ___ BODY BOARDING
- ___ SURFING
- ___ SAND SCULPTURE
- ___ BEACH RELAYS
- ___ WATER GAMES
- ___ OTHER BEACH ACTIVITIES _____

LITURGICAL MINISTRY

- ___ LITURGY PREPARATION
- ___ PRAYER PREPARATION
- ___ PRAYER DRAMA/SKITS
- ___ LITURGICAL MUSIC: SINGING
- ___ LITURGICAL MUSIC: INSTRUMENT
- SPECIFY: _____

STORY AND SONG

- ___ STORYTELLING
- ___ CAMP CHEERS
- ___ CAMP SONGS
- ___ INSTRUMENT
- SPECIFY: _____
- ___ OTHER STORY/SONG _____

SPECIAL ACTIVITIES

- ___ CAMPFIRE
- ___ SKITS/DRAMA
- ___ DANCE
- ___ OTHER ACTIVITIES _____

PLEASE LET US KNOW IF YOU CAN TEACH OR HAVE TALENT IN OTHER AREAS (I.E MAGIC, JUGGLING, ETC.).

PLEASE INDICATE ANY TRAINING, TEACHING, COACHING, OR OTHER EXPERIENCE YOU HAVE HAD IN SPECIFIC ACTIVITIES.



APPLICANTS NAME

PLEASE SPEND SOME TIME CONSIDERING THE FOLLOWING QUESTIONS WHICH WILL HELP US DETERMINE YOUR ABILITY TO WORK IN THE POSITION YOU HAVE APPLIED FOR. USE A SEPARATE SHEET OF PAPER TO ANSWER THE FOLLOWING:

- 1. HAVE YOU WORKED WITH CHILDREN? IF SO, WHAT HAVE YOU LEARNED BY WORKING WITH CHILDREN?
2. WHAT LEADERSHIP POSITIONS HAVE YOU HELD THAT WOULD HELP YOU AT CAMP?
3. WHAT DO YOU THINK ARE THE MOST IMPORTANT ASPECTS IN BEING A GOOD CAMP COUNSELOR?
4. WHAT QUALITIES DO YOU POSSESS WHICH WILL MAKE YOU A MORE EFFECTIVE COUNSELOR?
5. WHY ARE YOU INTERESTED IN WORKING AT CAMP ST. FRANCIS?
6. WHAT SPECIAL GIFTS AND/OR TALENTS DO YOU BRING TO THE PROGRAM AND STAFF?

ARE YOU NOW OR HAVE YOU IN THE PAST BEEN AFFILIATED WITH A GANG? [] YES [] NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [] YES [] NO
HAVE YOU EVER BEEN INVOLVED IN AN INCIDENT INVOLVING SEXUAL OR PHYSICAL ABUSE? [] YES [] NO
HAVE YOU EVER BEEN CONVICTED FOR THE USE OF ANY CONTROLLED SUBSTANCE? [] YES [] NO
ARE YOU CURRENTLY ON PROBATION? [] YES [] NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES.
[]
[]
[]
[]
[]



APPLICANTS NAME

PLEASE NOTE – REQUIREMENTS FOR ATTENDING CAMP ST. FRANCIS:

- 1. ATTENDING TRAINING WEEK
- 2. LIVESCANNED (FINGER PRINTED)
- 3. SHIELD TRAINING
- 4. CPR CERTIFICATION

IF ANY OF THESE REQUIREMENTS ARE NOT MET YOU WILL NOT BE ALLOWED TO COME TO THE 2019 CAMP SEASON

I ATTEST THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTRUE, MISLEADING, OR OMITTED INFORMATION MAY RESULT IN DISMISSAL, REGARDLESS OF TIME OF DISCOVERY BY CAMP ST. FRANCIS. I AUTHORIZE CAMP ST. FRANCIS TO INVESTIGATE MY STATEMENTS HEREIN AND TO CONTACT ANY OR ALL OF MY FORMER EMPLOYERS OR ANY INDIVIDUALS FAMILIAR WITH ME OR MY EMPLOYMENT BACKGROUND FOR THE PURPOSE OF VERIFYING INFORMATION I HAVE PROVIDED AND/OR FOR THE PURPOSE OF OBTAINING ANY INFORMATION ABOUT ME OR MY EMPLOYMENT. I UNDERSTAND THAT AS PART OF THE PROCESSING PROCEDURE FOR MY EMPLOYMENT APPLICATION, AN INVESTIGATIVE REPORT REGARDING MY CRIMINAL AND DRIVER LICENSE RECORDS, INCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS, MAY BE COMPLETED BY CAMP ST. FRANCIS. I UNDERSTAND THAT A PRIOR CONVICTION WILL NOT NECESSARILY BAR ME FROM EMPLOYMENT AS THE TYPE AND RECENCY OF ANY CONVICTION WILL BE CONSIDERED BY CAMP ST. FRANCIS.

APPLICANTS SIGNATURE _____

APPLICANTS PRINTED NAME _____ DATE _____

THANK YOU FOR YOUR INTEREST IN CAMP ST. FRANCIS!

MAIL COMPLETED FORM BY JUNE 1ST, 2019

**CAMP ST. FRANCIS
ATTN: PROGRAM DIRECTOR
P.O BOX 4398, DOWNEY CA 90241**



APPLICANTS NAME

SUMMER CAMP STAFF RECOMMENDATION FORM 2019

APPLICANTS NAME: _____ **POSITION(S) OF INTEREST:** _____

THIS INDIVIDUAL HAS APPLIED FOR A SUMMER CAMP POSITION WITH CAMP ST. FRANCIS, A RESIDENTIAL BOYS' CAMP LOCATED IN APTOS, CALIFORNIA. WE WOULD GREATLY APPRECIATE YOUR HONEST AND CANDID EVALUATION OF THIS INDIVIDUAL. THIS INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE. PROCESSING OF THE CANDIDATES' APPLICATION WILL NOT CONTINUE WITHOUT CAMP ST. FRANCIS RECEIVING THIS REFERENCE, AND ALL REFERENCES MUST BE PROFESSIONAL (NO FRIENDS, FAMILY, RELATIVES, ETC.).

ALL CAMP ST. FRANCIS STAFF LIVE AND WORK WITH 7 – 13 YEAR OLD CHILDREN WITH DIVERSE BACKGROUNDS AND A VARIETY OF SOCIAL AND/OR EMOTIONAL NEEDS. THEY MUST BE EXCELLENT ROLE MODELS WHOM PARENTS WOULD WANT THEIR CHILDREN TO EMULATE.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL (562)925-2250 EXT. 203. WE THANK YOU FOR YOUR ASSISTANCE IN HELPING US CHOOSE THE BEST ROLE MODELS AND CARE GIVERS FOR OUR CAMP.

PLEASE CHECK THE BOX THAT BEST APPLIES TO THE APPLICANT:

	Superior	Above Average	Average	Below Average	Don't Know		Superior	Above Average	Average	Below Average	Don't Know
Character/ Judgment						Emotional control					
Confidence						Adaptability/ flexibility					
Dependability						Ability to work in groups					
Initiative						Maturity					
Reactions to Pressure						Experience working with children					
Work ethic						Experience working in the outdoors					
Attendance/ Punctuality						Willingness to cooperate					
Overall attitude						Ability to supervise others					
Peer relationships						Creativity and imagination					
Willingness to go the extra mile						Ability to mentor youth and/or peers					
Reactions to Constructive Criticism						Adherence to policies/rules					
Friendliness						Understanding of children					
Internal motivation						Example of Faith					



APPLICANTS NAME

HOW EXTENSIVE HAS YOUR CONTACT BEEN WITH THIS PERSON?

- DAILY WEEKLY MONTHLY LESS THAN MONTHLY

WOULD YOU PERSONALLY BE HAPPY TO HAVE YOUR OWN CHILD UNDER THIS PERSON'S DIRECT CARE AND INFLUENCE?

- YES, WITH NO RESERVATIONS YES, WITH SOME RESERVATIONS
 MAYBE, SOME THINGS CONSIDERED PROBABLY NOT

PLEASE EXPLAIN YOUR ANSWER: _____

IDENTIFY CANDIDATE'S GREATEST STRENGTHS FOR THIS POSITION: _____

LIMITATIONS: _____

WOULD YOU WANT TO WORK WITH THIS CANDIDATE? _____

WHAT RECOMMENDATIONS WOULD YOU HAVE IF YOU WERE IN MY PLACE CONSIDERING HIM/HER FOR THIS POSITION? _____

DEGREE OF SUPERVISION NEEDED: _____

PLEASE INDICATE YOUR RELATIONSHIP TO THE CANDIDATE: _____

HOW LONG HAVE YOU KNOWN THE CANDIDATE? _____

ADDITIONAL COMMENTS THAT WILL HELP GIVE A CLEAR PICTURE OF THIS CANDIDATE'S CHARACTER AND SUITABILITY FOR A CAMP COUNSELOR POSITION: _____

NAME OF REFERENCE: _____ **SIGNATURE:** _____

POSITION: _____ **COMPANY:** _____

ADDRESS: _____
STREET CITY
STREET CITY

PHONE: () - **DATE:** _____