

PHOEBE NEEDLES CENTER, INC. 2023 SUMMER CAMP STAFF APPLICATION

Please read the information on this page carefully before filling out the application. WE ASK THAT YOU NEATLY PRINT IN BLACK PEN OR TYPE THE APPLICATION. The Summer Camp 2023 @ Phoebe Needles is a program of Phoebe Needles Center, Inc. and the Episcopal Diocese of Southwestern Virginia. Applications are considered on a first come, first served basis. Thank you.

	This application is for:	Residential Camp	Day	Camp	
Name	-				
(first)	(middle)	(last)	(preferre	ed)	
Present Address					
City, State, Zip					
Primary Phone Number	Se	condary Phone Number			
Email					
Date of Birth //_	T-shirt size				
Name of Parent(s)/Guardian(s	·)				
Home/Permanent Address					
City, State, Zip Code					
Primary Phone Number					
Person to notify in case of an	emergency				
Primary phone number					
Relationship to that person _					
Do you have any physical, me of the position for which you a	ntal, and/or emotional condit	ion(s) that might interfere w		erform the duties	
Have you ever been convicted	I on any charge other than a	traffic violation?	Yes	No	
If so, please explain	Line forms have 4th 0000 the	and but soft 2000	V	Mar	
Are you available 100% of the			Yes	No	
	EDU	JCATION			
High School/College Attended		ass Completed ademic year	Date of Degree		

EMPLOYMENT HISTORY

In what capacity have you worked with children/youth?				
What ages?				
List your two most recent employers. Fill in all information.				
Company				
Supervisor_				
City, State				
Telephone () Dates Employed				
Please describe your responsibilities				
May we contact them? yes no (please check one)				
Company				
Supervisor				
City, State, Zip				
Telephone () Dates Employed				
Please describe your responsibilities				
May we contact them? yes no (please check one)				
INSURANCE INFORMATION				
Do you have any type of medical insurance? yesno (please check one)				
Name and address of company with which you have coverage				
Group/Individual Policy Number				
Telephone Number ()				
Identification Number				
If included on a family plan, give the name of qualifying member enrolled				

CERTIFICATIONS/SKILLS (check any current certifications)

Basic First Aid	CPR	EMT		
High/Low Ropes Course	Climbing/Rappelling	Babysitting		
Water Safety Instructor	Lifeguard Certification	Other		
Please indicate your level of experience in the following areas by placing a 1, 2, or 3 in the space provided. 1 = inexperienced 2 = have some knowledge 3 = have instructed				
Group Initiatives Low Ropes Course High Ropes Course Backpacking Caving	Rappelling Rock Climbing Rope Rescue Art & Crafts Outdoor Cooking	 Skits & Songs Building construction Hiking Environmental education Group Games 		
Do you play a musical instrument?	If yes, what instrument?			
Are you able to lead others in singing?	yes no			
Are you affiliated with any religious body? If yes, what faith? Do you smoke? Regularly Occasionally Socially Never What is your swimming ability? Advanced Intermediate Beginner Do you have any tattoos that are visible when wearing a swim suit? Yes No Do you have piercings (other than ears) that are visible when wearing a swim suit? Yes No Do you have a website, Facebook page, or blog? Yes No If yes, provide the complete address(es)? Yes No				
(Like Phoebe Needles Center, Inc. Fac	ebook page before submitting your appli	cation)		
Describe why you want to work at our second the second to the the second t	summer camp program. aracter contribute to our camp program?			
Describe a recent example that illustrates your leadership skills.				

REFERENCES

Please provide **complete** information for three persons (**who are not relatives or peers**) who know you well and are willing to supply data regarding your qualifications for this position. Please list the persons below. We will contact your references by email or telephone, and request further information in writing if we deem it to be necessary.

Name	— Relationship ————————
Address	
City, State, Zip	
Telephone	_ Email
Name	Relationship
Address	
City, State, Zip	
Telephone	
Name	Relationship
Address	
City, State, Zip	
Telephone	_ Email
my permission to investigate any of the information ability to work with children.	ication is correct to the best of my knowledge. Phoebe Needles Center, Inc. has in this application, as well as any information regarding my character and/or be Needles is a program of the Episcopal Church in the Diocese of Southwestern
Virginia, and as such has certain standards of cond	uct and appearance. If my application is accepted, I can be depended upon for s. I further understand the importance of remaining at Phoebe Needles and of
Signature	Date

Please return your completed application or direct your questions to:

Phoebe Needles Center, Inc. 732 Turners Creek Road Callaway, Virginia 24067-5814 (540) 483-1518 Fax: (540) 483-2235

Email: PNCenter@gmail.com Website: www.PhoebeNeedles.org

Phoebe Needles Center, Inc. is committed to a policy of equal opportunity for all applicants and employees without regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability, or genetic information.

1/2023/sbs Page 4/4