



Phoebe Needles Center, Inc.

2024 Summer Camp Staff Application

Please read the information carefully before filling out the application. PLEASE PRINT NEATLY IN BLUE OR BLACK PEN OR COMPLETE THE APPLICATION ONLINE at www.phoebeneedle.org. Summer Camp 2024 @ Phoebe Needles is a program of the Phoebe Needles Center, Inc. Applications are considered on a first-come, first-served basis.

Position applying for: _____ Residential Camp _____ Day Camp _____ Other _____

Name: _____
(first) (middle) (last) (preferred)

Present Address: _____
(street address) (city) (state) (zip)

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____ Date of Birth: _____ T-Shirt Size: _____
(mm/dd/yyyy)

ONLY COMPLETE THIS SECTION IF UNDER AGE 18

Name of Parent(s)/Guardian(s): _____

Home/Permanent Address: _____
(street address) (city) (state) (zip)

Parent/Guardian Primary Phone Number: _____ P/G Email: _____

Person to Notify in Case of Emergency: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Your Relationship to Emergency Contact: _____

Do you have any physical, mental, and/or emotional conditions that might interfere with your ability to perform the duties of the position for which you are applying. If so, please describe, or state "none." _____

Have you ever been convicted on any charge other than a traffic violation? _____ YES _____ NO

If so, please explain: _____

Are you available 100% of the time from June 8, 2024 through August 3, 2024? _____ YES _____ NO

EDUCATION

High School or College Attended	Grade/Class Completed thru this academic year	Date of Degree
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EMPLOYMENT HISTORY

In what capacity have you worked with children and youth? _____

What ages? _____

Please list your **two most recent** employers. **Please fill in all information.**

Employer 1: _____ Dates Employed: _____

Supervisor Name: _____ Company/Supervisor Phone Number: _____

Company Address: _____
(street address) (city) (state) (zip)

Please describe your responsibilities: _____

May we contact this employer? YES NO

Employer 2: _____ Dates Employed: _____

Supervisor Name: _____ Company/Supervisor Phone Number: _____

Company Address: _____
(street address) (city) (state) (zip)

Please describe your responsibilities: _____

May we contact this employer? YES NO

INSURANCE INFORMATION

Do you have medical insurance? YES NO (please check one)

If yes, Name of Insurance Company: _____

Insurance Company Address: _____
(street address) (city) (state) (zip)

Ins. Co. Telephone Number: _____

Group/Individual Policy Number: _____

Identification Number: _____

If included on a family plan, what is the name of the qualifying member enrolled? _____

CERTIFICATIONS

(check any current certifications)

_____ Babysitting

_____ EMT

_____ Rappelling

_____ Basic First Aid

_____ High/Low Ropes Course

_____ Water Safety Instructor

_____ CPR

_____ Lifeguard Certification

_____ Other

SKILLS

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=experienced 4=have instructed

_____ Arts & Crafts	_____ Environmental Education	_____ Mountain Biking
_____ Backpacking	_____ Group Games	_____ Outdoor Cooking
_____ Biking	_____ Group Initiatives	_____ Rappelling
_____ Building Construction	_____ High Ropes Course	_____ Rock Climbing
_____ Canoeing/Kayaking	_____ Hiking	_____ Rope Rescue
_____ Caving	_____ Lifeguarding	_____ Skits & Songs
_____ Dancing	_____ Low Ropes Course	_____ Swimming

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 organization? _____ If yes, what faith? _____

Do you smoke? _____ Regularly _____ Occasionally _____ Socially _____ Never

What is your swimming ability? _____ Advanced _____ Intermediate _____ Beginner

Do you have a website, blog, Facebook page, or Snapchat story? _____ YES _____ NO

If yes, please provide **complete** addresses: _____

Please "like" the Phoebe Needles Center, Inc. Facebook Page before submitting your application.

Describe why you want to work at our summer camp program.

How will your skills, personality, and character 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. (Ex. former employers not listed previously, teachers, church leaders, family friends, etc.) We will contact your references by email or telephone.

Reference 1

Name: _____ Relationship to you: _____

Address: _____
(street address) (city) (state) (zip)

Phone Number: _____ Email: _____

Reference 2

Name: _____ Relationship to you: _____

Address: _____
(street address) (city) (state) (zip)

Phone Number: _____ Email: _____

Reference 3

Name: _____ Relationship to you: _____

Address: _____
(street address) (city) (state) (zip)

Phone Number: _____ Email: _____

ATTESTATION

By signing below, I certify that the information contained in this application is correct to the best of my knowledge. I give Phoebe Needles Center, Inc. permission to investigate any of the information on this application, as well as any information regarding my character and/or ability to work with children.

I understand that the Summer Camp 2024 @ Phoebe Needles is a program associated with the Episcopal Church in the Diocese of the Southwestern Virginia, and as such has certain standards of conduct and appearance. If my application is accepted, I can be depended upon for my full cooperation in maintaining those standards. I further understand the importance of remaining at Phoebe Needles and of fulfilling my obligations until the expiration date of my agreement or contract.

Signature

Date

Parent Signature (if under age 18)

Date

Please return your completed application or direct your questions to:

Phoebe Needles Center, Inc.
732 Turners Creek Road, Callaway, VA 24067
(540)483-1518
officemanager@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.