

Return to:  
 Todd Marlow 802-848-9932  
 96 Center ST. chccdirector@gmail.com  
 Richford, VT 05476

(Please Print or Type)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Permanent Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

How long at this address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

School/Business/Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Position Applying For: First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any reasons you may have difficulty in performing the essential functions of any of the positions applied for?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

What age bracket are you in as of the first day of staff week? \_\_\_\_\_ 16 - 17 \_\_\_\_\_ 18 - 21 \_\_\_\_\_ over 21

Do you meet the minimum qualifications for the position(s) being applied for? \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired, will housing be required for persons other than yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how many? \_\_\_\_\_

**Education**

Years	School	Major	Year Graduated

**Previous Employment History (Past 5 Years)**

Dates	Employer	Address/Phone	Position	Supervisor

If there is an employer you do not wish us to contact, please indicate which one: \_\_\_\_\_

**Camp Experience (Experiences outside of Troy Conference Camping may be included.)**

Dates	Camp	Address	Camper or Staff

References (Persons, not relatives or living in same household, having knowledge of your ability, character, and experience.)

Name	Address/City/State/Zip/Phone Number (with area code)	Relationship

**Current Certifications**

Drivers License	Class: State:	Expires (date):	Number:
Health Care	Type: MD, RN, LPN, PA, NP, EMT, other	Expires (date):	Number:
First Aid Responding To Emergencies: Wilderness First Aid:	Chapter training conducted by:	Expires (date):	Years certified:
Waterfront Certification  Lifeguard Training & Community First Aid & Safety: Waterfront Lifeguard Training: CPR for the Professional Rescuer: Water Safety Instructor: Other:	Chapter training conducted by:	Expires (date):	Years certified:

Please provide a photocopy of certification documents. Make sure to copy both sides if appropriate to provide complete documentation.

Check those talents shown in the list below which you possess and would share at camp:

- |              |                     |                          |                      |                        |                        |
|--------------|---------------------|--------------------------|----------------------|------------------------|------------------------|
| <b>MUSIC</b> | <b>DRAMA</b>        | <b>ARTS &amp; CRAFTS</b> | <b>NATURE</b>        | <b>SPIRITUAL</b>       | <b>WATERSPORTS</b>     |
| Instruments: | _____ plays         | _____ silk screening     | _____ animals        | _____ lead worship     | _____ snorkeling       |
| _____ guitar | _____ skits         | _____ drawing            | _____ plants/flowers | _____ Bible study      | _____ swim instruction |
| _____ horn   | _____ creative      | _____ needlecraft        | _____ trees          | _____ creative worship | _____ sailing          |
| _____ piano  | _____ story telling | _____ photography        | _____ conservation   |                        | _____ canoeing         |
| _____ other  | <b>DANCE</b>        | _____ painting           | _____ weather        | <b>GAME LEADING</b>    | <b>OUTDOOR LIVING</b>  |
| _____        | _____ creative      | _____ nature crafts      | _____ rocks/minerals | _____ team building    | <b>SKILLS</b>          |
| _____        | _____ interpretive  | _____ other              | _____ astronomy      | _____ small group      | _____ fire building    |
| _____ lead   | _____ square        | _____                    |                      | _____ large group      | _____ hiking           |
| singing      | _____ folk          | _____                    |                      |                        | _____ outdoor cooking  |

**PLEASE USE ADDITIONAL SHEETS AS NECESSARY TO ANSWER ANY OF THE QUESTIONS BELOW, OR FOR ADDITIONAL INFORMATION.**

What contributions do you feel you can make to the camping program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What role do you feel the camping program can play in the lives of those participating? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What role has your faith played in your life to this point? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate dates that you could be available for a possible interview: \_\_\_\_\_

**Waiver and Consent:**

All information is accurate and factual to the best of my knowledge. Unless otherwise indicated, I (please print name) \_\_\_\_\_ authorize the Personnel Committee of the Board of Camping and Retreat Ministries to make a thorough investigation into my personal references, past employment, education and police records. I agree to cooperate with this investigation and do hereby release from all liability or responsibility all persons, companies or agencies supplying such information. I authorize the references and employers listed in this application to give you what ever information and /or opinions they may have regarding my character and fitness for the job for which I have applied. Furthermore I wave any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by Covenant Hills Christian Camp, I agree to abide by and be bound by the policies of the camp and the Board of Camping and Retreat Ministries of Troy Annual Conference and to refrain from inappropriate conduct in the performance of my duties on behalf of Covenant Hills.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ALL STATEMENTS BECOME PART OF ANY FUTURE PERSONNEL FILES

BCRM 01/2006

*Detailed position descriptions are available upon request, please call or email.*