

Return to:
 Todd Marlow 802-848-9932
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 Richford, VT 05476

(Please Print or Type)

Name _____ Social Security No. _____

Permanent Address _____ Zip _____ Phone (____) _____ - _____

How long at this address: _____ E-Mail: _____

Camp name you are applying to volunteer at: _____ Week: _____

How did you here about our camp? _____

Are you a United States citizen? _____ Yes _____ No

What age bracket are you in as of the first day of camp? _____ 16 - 17 _____ 18 - 21 _____ over 21

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

Education

<i>Years</i>	<i>School</i>	<i>Major</i>	<i>Year Graduated</i>

Previous Employment History (Past 5 Years)

<i>Dates</i>	<i>Employer</i>	<i>Address/Phone</i>	<i>Position</i>	<i>Supervisor</i>

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.)

<i>Dates</i>	<i>Camp</i>	<i>Address</i>	<i>Camper or Staff</i>

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.

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:

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 from either camp, please call.