

Hello Summer Staff 2008 Applicant!

Thank you for your interest in applying for the position of Summer Staff at Camp Mitchell for the summer of 2008. Attached is the application for Summer Staff. Choosing summer staff is one of the hardest and yet most wonderful jobs I have to do. This year will be even harder, as there is a large pool of applicants. It is very difficult when there are so many dynamic and qualified applicants, yet not enough spots. It is time to begin thinking about where your ministry fits into the summer camping program here at Camp Mitchell. The summer camp ministry, as a whole, changes the lives of many campers and staff alike. Being a Summer Staff team member is a huge responsibility and we hope that you would enter into the application process only after prayerful consideration. The job of Summer Staff is full of joy, fun and satisfaction. But, it can also be exhausting, frustrating and demanding. I hope that each applicant will carefully weigh his or her gifts, talents, and abilities with the demands this job requires. This year we will offer 8 counselor staff positions.

There are a few things that are required to complete your application packet. They are as follows:

1. Completed Application with any certification attachments
  - 1a. **PLEASE TYPE OR PRINT LEGIBLY!!!**
2. Completed Health History Form
3. Background Inquiry Release Form
4. A current photograph
5. Three completed reference forms.

Your application will not be processed unless **ALL** of these items are returned.

All applicants must have graduated from High School prior to the beginning of the Summer Camp Session. Applications need to be postmarked no later than March 1<sup>st</sup>.

Thank you for considering applying for Summer Staff 2008. A Camp Mitchell experience is made special by the talent, energy and compassion of the summer staff. So, say your prayers, make a commitment, and fill out the application and return it by March 1<sup>st</sup>. I look forward to visiting with you soon. Don't hesitate to call or e-mail with any questions or concerns you might have.

Katie McDonald  
Summer Program Director  
501-372-2168  
[k.mcdonald@arkansas.anglican.org](mailto:k.mcdonald@arkansas.anglican.org)

# Camp Mitchell

## 2008 Summer Staff Application

**Mail by March 1<sup>st</sup> to:**

**Katie McDonald, Camp Mitchell Summer Director  
The Episcopal Diocese of Arkansas  
P.O. Box 164668  
Little Rock, AR 72216**

**PLEASE USE ADDITIONAL PAPER IF NEEDED ON ANY QUESTIONS**

Name \_\_\_\_\_

Position Applying For: \_\_\_\_\_

**(i.e. counselor or program assistant)**

Permanent Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Phone Number – ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School Address \_\_\_\_\_

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

School Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (if different from above): \_\_\_\_\_

Do you check your e-mail regularly? Yes No

Years Volunteered or Worked at Camp Mitchell \_\_\_\_\_

Will you be available to work June 4 – August 11? \_\_\_\_\_ If no, what  
dates are you available? \_\_\_\_\_

\_\_\_\_\_

Give the name and address of the church where you currently are a member. \_

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

List the names and addresses of other churches or campus ministries you  
have attended in the past five years. \_\_\_\_\_

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

In the past two years, at home or at college, what contributions have you made of your time, talent, and energy in your church and community? \_\_\_\_\_

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Attached are three reference request forms. Please have them completed and mailed by three people (other than family members) that know you well.

*(For example)*

1. Employer or former employer (if you have one)
2. Priest or minister from home church (preferred)
3. Person of your choice

Please answer the following questions thoroughly and in short answer form. If you run out of room you may use the back of the sheet of paper but indicate if you do so.

Briefly explain why you would like to be a part of Camp Mitchell's Summer Camp Staff. \_\_\_\_\_

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What gifts and talents do you feel you would bring to the 2008 staff. \_\_\_\_\_

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What experience do you have working with children? \_\_\_\_\_

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Write briefly about two significant events in your life that have impacted you spiritually. \_\_\_\_\_

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Describe three major ways in which you have grown in your spiritual journey in recent years.

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What do you do when you have a conflict with someone? How do you handle confrontation?

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How would others describe the way you handle conflict? \_\_\_\_\_

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Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in this Summer Camp ministry? (e.g., relationships, other commitments, etc.)

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The following four questions concern information required for insurance purposes.

Have you ever had your driver's license or other license revoked or suspended? If so, please give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other than the above, is there any fact or circumstance in your background that would call into question your being entrusted with the care, guidance, and /or supervision of the campers placed in your care? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to undergo a Background Check as required by the Episcopal Diocese of Arkansas? \_\_\_\_\_

If you are not willing, you will not be considered for hire.  
Out of state applicants agree to also submit to a Federal Background Check.

How would you describe your ability to respect and follow rules set forth? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



For each of the following activities, please circle the number that indicates your skill level.

If you have certification in the activity, attach a copy of the certificate or certification card.

Activity	No Experience	Exposure to activity, but no expertise.	Interested in activity with some degree of experience.	Expertise or certification in activity.
Swimming Lessons	1	2	3	4
Canoeing	1	2	3	4
Leading Group Games	1	2	3	4
Lifeguarding	1	2	3	4
Leading Worship	1	2	3	4
Leading Music	1	2	3	4
Hiking	1	2	3	4
Musical Instrument- Type of instrument _____	1	2	3	4
Drama	1	2	3	4
Soccer	1	2	3	4
Football	1	2	3	4
Softball	1	2	3	4
Basketball	1	2	3	4
Ultimate Frisbee	1	2	3	4
Frisbee Golf	1	2	3	4
Arts & Crafts	1	2	3	4

Are you certified in First Aid? \_\_\_\_\_ If so, is it current (not expired)? \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ If so, is it current (not expired)? \_\_\_\_\_

If you are certified in First Aid or CPR, please include a photocopy of the front and back of your certification card.

“I certify that all the information submitted on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to Camp Mitchell’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at Camp Mitchell’s option. I also understand that no company representative, other than it’s Summer Camp Director, and then only when in writing and signed by the Summer Camp Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.”

In relation to my serving in The Episcopal Diocese of Arkansas, I understand and authorize the access of public information from various federal, state and other agencies maintaining information regarding any public information.

I also understand that this information may be accessed during my service and up to thirty (30) days after separation from this diocese. I hereby consent to you obtaining various public record information and other information from Diocesan / Church employers or agencies, by the Arkansas Dept. of Public Safety and /or any other party or agency in accordance with the Fair Credit Reporting act and any and all state and federal laws. I also understand that the requested information below is to be used for proper identification only and not for discriminatory purposes.

In addition, I understand that if I am offered and accept Employment with the Episcopal Diocese of Arkansas, in the interest of safety for all concerned, I will be required to take a saliva drug test. I understand the reason for this testing and do hereby give my consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are under 18, please have one of your parents or legal guardian sign below as well.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Camp Mitchell 2008 Schedule

June 3-6	Staff Training @ Camp Mitchell
June 8-13	Sr. High Camp
June 15-20	Primary Camp
June 22-24	Robert R. Brown I
June 29-July 3	Robert R. Brown II
July 6-11	Middler I
July 13-18	Jr. High I
July 20-25	Dick Johnston Children's Camp
July 27-August 1	Middler II
August 3-8	Jr. High II

**Note:** During the course of the summer, Camp Mitchell offers two unique camping experiences for mentally and physically challenged campers. These camps are known as Robert R. Brown camps, named for Bishop Brown who brought the idea to our Diocese. There are no grades for these campers because they will range in age from six years old to over sixty years old.

Mostly, these campers come from homes around Arkansas. This camp is a chance not only for the campers to get outside and be active, but also for their caregivers to receive a week or rest as well.

You will be asked to do more for these camps because these campers are not as functional as we are. You may be asked to clean up after an accident in which a camper messes themselves, you may be asked to feed a camper, and you will be asked to give all your attention to these campers because they will need extra supervision.

These are tough camps; mentally and physically. But, they are the most rewarding and offer the best in Camp Mitchell memories. If you have concerns or questions, please write them down and we will discuss them, at length, during our face-to-face or phone interview.

As well as the RRB camps, the summer staff is required to work the Dick Johnston Children's Camp. This camp is for children whose parents are incarcerated. The children range in age from 6-12 and there is the possibility of social concerns. You will be provided with training on how to deal with conflict and how to work with these children.

You are required to work all nine weeks of camp during the summer of 2008, no exceptions. Please enter into this process prayerfully and truly think about this commitment to the camp and the campers.

*2008 Camp Mitchell*  
**MEDICAL FORM**  
*Page 1 of 2*

This medical form must be completed and signed by a doctor. The medical form should be turned in with the application if at all possible, but it **MUST** be turned in no later than 30 days prior to the opening day of camp. We must have the medical form on file for every camper.

Staff Member's Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_ SS#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

List any allergies to and treatments required:

DRUGS:

PLANTS:

FOOD:

INSECTS:

Give camper's allergic responses to the above (e.g. requires Epinephrine) \_\_\_\_\_

\_\_\_\_\_

Operations or Serious Injuries / Dates: \_\_\_\_\_

\_\_\_\_\_

Childhood Diseases / Dates: \_\_\_\_\_

Chronic or Recurring Illnesses/Treatment: \_\_\_\_\_

\_\_\_\_\_

**Staff Medical Form**

**Page 2 of 2**

**STATE LAW REQUIRES ACTUAL DATE (month, day, year) OF IMMUNIZATION.**

DTP Series: \_\_\_\_\_ Booster: \_\_\_\_\_ Booster: \_\_\_\_\_

Polio OPV (Sabin): \_\_\_\_\_ Booster: \_\_\_\_\_ Tetanus Booster: \_\_\_\_\_

MMR Series: \_\_\_\_\_ Booster: \_\_\_\_\_ HIB: \_\_\_\_\_

Tuberculin Test: \_\_\_\_\_ Hep B: \_\_\_\_\_ / \_\_\_\_\_  
/

**IRECOMMENDATIONS AND RESTRICTIONS**

List any medications your child may need to receive during the camp and its purpose:

\_\_\_\_\_ Dose/Time \_\_\_\_\_

\_\_\_\_\_ Dose/Time \_\_\_\_\_

**Special Dietary Needs (i.e. Vegetarian, Vegan, etc.):**

**Concerns about Strenuous Activity:**

**Concerns about Fears:**

I hereby certify that all the information contained in this Medical Form is up to date and correct:

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Clinic Phone Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Camp Mitchell Summer Staff Reference

To: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ has applied to be on the staff at Camp Mitchell for the summer. We would appreciate your help in providing the following information on this applicant.

Being on the staff is a great responsibility, as it involves taking care of God’s most precious possessions – God’s Children. We would appreciate your most honest and candid evaluation of this application as if your own child were to be under their supervision. This is not a reflection of how much you like this applicant, but of how they may perform in this position. Your response will be held in confidence.

### **PERSONAL QUALIFICATIONS**

From your personal knowledge of the applicant, please rate the following as compared to their peers, by indication with an “X” in the appropriate space.

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>Poor</b>
<b>Decisionmaking ability</b>					
<b>Ability to share/express Christian Faith</b>					
<b>Servant leadership</b>					
<b>Physical condition</b>					
<b>Initiative</b>					
<b>Leadership ability</b>					
<b>Interpersonal interaction</b>					
<b>Emotional Stability</b>					
<b>Dependability/punctuality</b>					
<b>Ability to admit mistakes</b>					
<b>Ability to work as a team member</b>					
<b>Responsibility</b>					
<b>Ability to laugh at mistakes</b>					

**Page 2 of Reference Form**

Please list three strengths this applicant brings to this position:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please list three areas of concern for the applicant (areas to improve in / weaknesses):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PERSONAL ACQUAINTANCESHIP**

1. How long and under what circumstances have you known the applicant?

\_\_\_\_\_

2. What have you seen that indicates that the applicant has a genuine interest in children/youth?

\_\_\_\_\_

3. We ask our staff to abide by a standard of Christian behavior at Camp Mitchell. Is there anything that would make this difficult for the applicant? (i.e. personal habits or relationships)

\_\_\_\_\_

\_\_\_\_\_

4. Please indicate any behaviors that might limit the applicant's ability to interact with fellow counselors or campers. Such behaviors could include sarcasm, inability to take a joke, prejudices to groups, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any of these were noted, please comment, describing the form and intensity of behavior:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ print name: \_\_\_\_\_

Position or title: \_\_\_\_\_ date: \_\_\_\_\_

Phone number if we may contact you: ( ) \_\_\_\_\_

Please return to:  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any of these were noted, please comment, describing the form and intensity of behavior:

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

Any other comments: \_\_\_\_\_

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

Signature: \_\_\_\_\_ print name: \_\_\_\_\_

Position or title: \_\_\_\_\_ date: \_\_\_\_\_

Phone number if we may contact you: ( ) \_\_\_\_\_

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

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

Any other comments: \_\_\_\_\_

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

Signature: \_\_\_\_\_ print name: \_\_\_\_\_

Position or title: \_\_\_\_\_ date: \_\_\_\_\_

Phone number if we may contact you: ( ) \_\_\_\_\_

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