

### CONTACT INFORMATION

First & Last Name: \_\_\_\_\_ Bird Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Church Affiliation: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

### CAMP JOB INFORMATION

*Check all sessions for which you are applying.*

Session:      Week 1 \_\_\_\_\_      Week 2 \_\_\_\_\_      Week 3 \_\_\_\_\_      Week 4 \_\_\_\_\_      Week 5 \_\_\_\_\_  
 Dates:        7/10-7/16      7/17-7/23      7/24-7/30      7/31-8/6      8/7-8/13

Session:      Week 6:      Mini-Camp \_\_\_\_\_      Specialty Camp \_\_\_\_\_      Father/Daughter Weekend \_\_\_\_\_  
 Dates:                             8/14-8/17                      8/14-8/19                      8/19-8/21

*Please indicate your job preference. Mark at least 2 with numbers in order of preference. Number 1 indicates your first choice.*

Food Service Assistant \_\_\_\_\_      Office Assistant \_\_\_\_\_      Activity Assistant \_\_\_\_\_  
 Maintenance Assistant \_\_\_\_\_      Assistant Nurse \_\_\_\_\_      Counselor to Staff Children \_\_\_\_\_

### FAMILY MEMBERS COMING WITH YOU

NAMES OF ALL FAMILY MEMBERS COMING TO CAMP WITH YOU	GENDER		AGE (OF KIDS)	CAMPER?	
	M	F		Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

### VOLUNTEER TRAINING

New Volunteers: Upon acceptance as a staff volunteer, you will be sent training materials to complete at home. You will also be asked to join us for a conference call in June. (Date and time TBA)

All Volunteers will be sent reading materials and participate in additional training and orientation at camp upon arrival.

**REFERENCES**

*Please give complete contact information for three people (NO RELATIVES) who have knowledge of your ability, experience, and character. This applies to return staff as well as to new staff as we are required to check references each year.*

1) First & Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:\_( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone:\_( \_\_\_\_\_ ) \_\_\_\_\_

2) First & Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:\_( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone:\_( \_\_\_\_\_ ) \_\_\_\_\_

3) First & Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:\_( \_\_\_\_\_ ) \_\_\_\_\_ Business Phone:\_( \_\_\_\_\_ ) \_\_\_\_\_

**EDUCATION**

SCHOOL	MAJOR	YEAR GRADUATED

**PREVIOUS EMPLOYMENT**

List previous five years

DATES	EMPLOYER	ADDRESS/PHONE	NATURE OF WORK	SUPERVISOR	REASON FOR LEAVING



2) How do you plan to improve on last summer's experience?

3) Has your personal lifestyle this past year been consistent with the standards for a Cedarbrook staff member in the areas of use of alcohol, drugs, and tobacco and sexual immorality? \_\_\_\_\_ If not, please explain.

4) Please attach an explanation regarding any changes in work eligibility, criminal record, or ability to perform the job for which you are applying as outlined in the previous section: New Applicant Questions, questions 4-7.

5) This is my \_\_\_\_\_ summer on staff at Camp Cedarbrook in the Adirondacks.

I have previously worked in the position(s) of: \_\_\_\_\_

**STATEMENT TO BE READ CAREFULLY AND SIGNED BY ALL APPLICANTS**

I understand that being a Cedarbrook volunteer means serving, cooperating with the administration and other staff members, obeying camp policies, and sacrificing personal desires for the best interests of campers and the good of the camp. My chief aim will be to share Christ through word and example of a Biblical lifestyle. I understand that use of alcohol or tobacco, drug abuse, abuse of campers or other staff members and sexual immorality (homosexuality, adultery, fornication) are inconsistent with this lifestyle and incompatible with the goals of the camp, and that engaging in any of these behaviors or promoting them to others will result in my immediate dismissal from camp.

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

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

***Camp Cedarbrook in the Adirondacks is an equal opportunity employer, providing equal opportunities to employees and applicants without regard to race, color, national origin, age, disability, or veteran status.***

**RETURN NO LATER THAN APRIL 30 TO:**

**Danielle Hedgepeth  
38 Rugby Rd  
East Greenbush NY 12061**

**Phone/Fax: 518-479-7191**

**Email: [olli@campcedarbrook.net](mailto:olli@campcedarbrook.net)**