

Camp Minnesota - Ministry of the United Methodist Church

STAFF APPLICATION - see below for submission instructions

Name: _____ Date of Birth: _____ Gender: _____ Phone: _____
Address: _____ Email: _____

SA:Personal Section

>
PERSONAL INFORMATION >

First Name: _____
Middle Name: _____
Last Name: _____
Preferred Name: _____
Gender: _____
Male _____
Female _____

PRESENT Day Phone: _____
PRESENT Cell Phone: _____
PERMANENT Address:(include apartment number, if applicable): _____
Permanent City: _____
Permanent State: _____
Permanent Zipcode: _____
PERMANENT Day Phone: _____
PERMANENT Home Phone: _____
PRESENT Address:(include apartment number, if applicable) _____
PRESENT City: _____
PRESENT State/Province: _____
PRESENT Zip/Postal Code: _____
Available at PRESENT Address Until: _____
PRESENT Email: _____
PERMANENT Email: _____
Earliest Date Employable: _____
Latest Date Employable: _____
Are there any specific dates you need off during the summer?
Yes _____
No _____
If Yes, when? _____
If hired, would you desire or need housing for any person(s) other than yourself at the camp?
Yes _____
No _____
Comment: _____

I am interested in a position at:

- ___ Koronis
- ___ Northern Pines
- ___ Kowakan/Boundary Waters
- ___ Either Northern Pines or Koronis
- ___ Any

To Submit: Application can be found online at www.campminnesota.org/employment or complete this form and mail to: Camp Minnesota, 122 W Franklin Ave #400, Mpls, MN 55404 or scan and email to: camps@campminnesota.org or fax to 612-870-1260 Call toll-free 855-622-1973 with questions.

SA:Education Section

High School:

Have you graduated?

Yes _____

No _____

If not, please explain:

Other Education Type:

High School/GED _____

Post Secondary _____

College _____

Other _____

School Attended:

Years Completed:

Education City:

Education State:

Majors:

From(Month/Year)

To (Month/Year)

Other Education Type:

High School/GED _____

Post Secondary _____

College _____

Other _____

School Attended:

Years Completed:

Education City:

Education State:

Majors:

From(Month/Year)

To (Month/Year)

SA:Reference Section

References

List three, excluding relatives. Former employees, pastors, spiritual leaders, roommates, close friends, Professors and teachers are acceptable. Addresses and phone numbers are required.

Reference #1 Last Name:

Reference #1 Relationship to Applicant:

Reference #1 Years Known: Reference #1

Street:

Reference #1 City

Reference #1 State:

Reference #1 Country:

Reference #1 Zip Code:

Reference #1 Home Phone:

Reference #1 Work Phone:

Reference #1 Email:

Reference #2 First Name:

Reference #2 Last Name:

Reference #2 Relationship to Applicant:

Reference #2 Years Known:

Reference #2 Street:

Reference #2 City

Reference #2 State:

Reference #1 Country:

Reference #2 Zip Code:

Reference #2 Home Phone:

Reference #2 Work Phone:

Reference #2 Email:

Reference #3 First Name:

Reference #3 Last Name:

Reference #3 Relationship to Applicant:

Reference #3 Years Known:

Reference #3 Street:

Reference #3 City

Reference #3 State:

Reference #1 Country:

Reference #3 Zip Code:

Reference #3 Home Phone:

Reference #3 Work Phone:

Reference #3 Email:

Reference #4 First Name:

Reference #4 Last Name:

Reference #4 Relationship to Applicant

Reference #4 Years Known:

Reference #4 Street:

Reference #4 City:

Reference #4 State:

Reference #4 Country:

Reference #4 Zip Code:

Reference #4 Home Phone:

Reference #4 Email:

SA:Previous Experience Section

Employment Experience (LIST THE MOST RECENT FIRST)

Employer #1:

Employer #1: Full Time/Part Time:

Full Time _____

Part Time _____

Employer #1 Position:

Employer #1: Start Date:

Employer #1: End Date:

Employer #1 Supervisor:

Employer #1 Phone:

Employer #1 Email:

Employer #1 Responsibilities: List the jobs you helped with, duties performed, skills used or learned, advancements or promotions while you worked for this employer:

Employer #1 Reason for leaving:

May we contact your employer?

Yes _____

No _____

Employer #2:

Employer #2: Full Time/Part Time:

Full Time _____

Part Time _____

Employer #2 Position:

Employer #2: Start Date:

Employer #2: End Date:

Employer #2 Supervisor:

Employer #2 Phone:

Employer #2 Email:

Employer #2 Responsibilities: List the jobs you helped with, duties performed, skills used or learned, advancements or promotions while you worked for this employer:

Employer #2 Reason for leaving:

May we contact your employer?

Yes _____

No _____

Employer #3:

Employer #3: Full Time/Part Time:

Full Time _____

Part Time _____

Employer #3 Position:

Employer #3: Start Date:

Employer #3: End Date:

Employer #3 Supervisor:

Employer #3 Phone:

Employer #3 Email:

Employer #3 Responsibilities: List the jobs you helped with, duties performed, skills used or learned, advancements or promotions while you worked for this employer:

Employer #3 Reason for leaving:

May we contact your employer?

Yes _____

No _____

SA:Skills Section

The following instructional activities are offered to the campers during the summer program at Camp Minnesota. Activities are conducted in an instructional and non-competitive manner. The information you provide in this section will help determine what activities you will teach or assist. Specific training in the activities will take place during Staff Training Camp. Events that all staff will learn to teach are NOT listed below (i.e. lake and pool activities).

For the activities you have rated "Intermediate" or "Expert", please indicate what experience you have with the activity, i.e. your league, high school teams, college team or intramural sports. Please indicate years of experience, special trainings received, and certifications held.

Canoeing

Expert ____ Beginner ____ Intermediate ____ No experience ____

Comment on Experience:

Sailing/Wind Surfing

Expert ____ Beginner ____ Intermediate ____ No experience ____

Comment on Experience:

Ropes/Challenge Course

Expert ____ Beginner ____ Intermediate ____ No experience ____

Comment on Experience:

Arts and Crafts

Expert ____ Beginner ____ Intermediate ____ No experience ____

Comment on Experience:

Photography

Expert ____ Beginner ____ Intermediate ____ No experience ____

Comment on Experience:

Graphics Design

Expert ____ Beginner ____ Intermediate ____ No experience ____

Comment on Experience:

Creative Drama

Expert ____ Beginner ____ Intermediate ____ No experience ____

Comment on Experience:

Dance

Expert ____ Beginner ____ Intermediate ____ No experience ____

Comment on Experience:

Music Leading

Expert _____ Beginner _____ Intermediate _____ No experience _____

Comment on Experience:

Outdoor living skills

Expert _____ Beginner _____ Intermediate _____ No experience _____

Comment on Experience:

Archery

Expert _____ Beginner _____ Intermediate _____ No experience _____

Comment on Experience:

Group Game Leading

Expert _____ Beginner _____ Intermediate _____ No experience _____

Comment on Experience:

Repairs and Maintenance

Expert _____ Beginner _____ Intermediate _____ No experience _____

Comment on Experience:

Sports


Expert _____ Beginner _____ Intermediate _____ No experience _____

Comment on Experience:

Swimming Ability

Excellent _____ Above Average _____ Average _____ Below Average _____

Comment on Experience:



What three activities would you be most interested in teaching? You may be asked to teach these three activities several times a week.

- 1.
- 2.
- 3.

Do you possess any special skills or training that would benefit you as a camp counselor and that could possibly enrich the ministry of Camp Minnesota?

Certifications and Skills (check all that apply):

Lifeguard: _____
Certifying Organization: _____
Valid Until: _____

We will offer an opportunity for any staff to be certified as a Red Cross Lifeguard. Training will take place at Koronis. Dates TBD. There is no cost for staff to attend this certification.

I am interested in getting this Certification. _____

WSI: Water Safety Instructor
Certifying Organization: _____
Valid Until: _____

Canoe/Watercraft Instructor:
Certifying Organization: _____
Valid until: _____

Challenge Course Facilitator:
Certifying Organization: _____
Valid Until: _____

First Aid
Certifying Organization: _____
Valid Until: _____

We will offer an opportunity for staff to be certified. Training will take place at the sites.. Dates TBD. There is no cost for staff to attend this certification.

CPR:
Certifying Organization: _____
Valid Until: _____

We will offer an opportunity for any staff to be certified. Training will take place at the sites. Dates TBD. There is no cost for staff to attend this certification.

Driver's License:
Driver's License Number: _____
Driver's License State: _____
Commercial Driver's License: _____
Other Certifications or Licenses: _____
Describe with Expiration Dates: _____

Staff Disclaimer and Acknowledgement Section

Disclaimer and Acknowledgements

Camp Minnesota is an equal-opportunity employer and makes its employment decisions without regard to race, color, creed (except permitted by law), sex, national origin, age (over 40 years), handicap, or other protected status under state, federal, or local Equal Opportunity Laws.

I, the applicant, understand and agree that:

1. Any material misrepresentation or omission of a fact in my application papers or pre-employment interview may be justification for refusal of, or if employed, termination from, employment.
2. Camp Minnesota may make a thorough investigation of my entire work history, or any part thereof, and may verify all data given in my application for employment, related papers, or oral interviews, I authorize such investigation and the giving and receiving any information requested by Camp Minnesota. I understand that unfavorable information or misrepresentation discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal. Camp Minnesota employment representatives are hereby authorized to contact my previous employers, schools I attended, personal references I have listed, and to make any investigation of my personal background for the purpose of evaluating my qualifications for employment.
3. If I am employed, such employment is for no definite period of time and Camp Minnesota can change my position, wages, benefits, conditions, and policies at any time. My employment is "at will" and can be terminated, with or without cause, at any time without liability for wages or salary except such as may have been earned at the date of such termination and that no promise to the contrary shall be binding to Camp Minnesota unless placed in writing and signed by me and the Director of Camps and Retreats for the Minnesota United Methodist Church and his/her representative. I agree to the search of my personal effects and containers and/or accommodations or desk that may be assigned to me, and I hereby waive all claims for damages on account of such searches or examinations.
4. From time to time, most employees of Camp Minnesota have the job necessity to drive a Camp Minnesota vehicle, either on or off the premises of the site . The Camp Minnesota insurance carrier requires that a Motor Vehicle Record (MVR) check be made on all who may drive a Camp Minnesota vehicle and that only those who qualify be allowed to drive. Rejection (from driving) of an employee by our insurance may result in dismissal from employment. If employed, a copy of your driver's license will be used to obtain the information necessary to request an MVR.
5. As a condition of my initial employment, I agree to submit to such physical examination, or drug and alcohol testing, as may be requested of me. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the position(s) I may be offered, including prior to and during my employment.
6. I have applied for employment at Camp Minnesota and I fully understand that Camp Minnesota will request a criminal background check before I can work on the Camp Minnesota staff. I hereby give permission to investigate my background and report the results, positive or negative, to Camp Minnesota .
7. The facts set forth in my application in its entirety are true and complete. I understand that false statements on this application shall be considered sufficient for dismissal or discontinued employment consideration.
8. If accepted for employment at Camp Minnesota, I agree to abide by all of its policies and procedures.
9. I further understand that this is an application for employment and that no employment contract is being offered.

Disclaimer

I have read and understood the above Disclaimer and Acknowledgement, the Code of Conduct and Basic Functions of a Camp Minnesota Counselor. I understand that as an employee of Camp Minnesota I will be required to follow the rules, regulations and polices listed, but not limited to, the above.

APPLICANT SIGNATURE

Date _____

SA:Application Questions

What are your reasons for applying with Camp Minnesota, and what would you expect to get out of your experience?

Please describe one experience that helped you grow in your faith..

What would be your biggest contribution to a successful camping experience.

List any experiences you have had working with children and/or youth.

List any Organization that you are involved with on your campus or in your community.

Camp Experience

Name of Camp 1:

Camp 1 Location:

Name of Camp 1 Supervisor or Leader:

Dates of involvement at Camp 1 (beginning thru ending):

How were you involved at Camp 1?

Name of Camp 2

Camp 2 location:

Name of Camp 2 supervisor or Leader:

Dates of involvement at Camp 2 (beginning thru ending):

How were you involved at Camp 2?

Name of church or Faith Community with which you're connected:

Name:

Pastor or Contact Person:

E-mail:

Phone:

Personality Profile:

Please select an appropriate option for each of the items below, indicating where you rate on the continuum.

Patience:

Weak ____ Improving ____ Good ____ Strong ____

Respect for Self/Others:

Weak ____ Improving ____ Good ____ Strong ____

Self Control:

Weak ____ Improving ____ Good ____ Strong ____

Responsibility:

Weak ____ Improving ____ Good ____ Strong ____

Problem Solving:

Weak ____ Improving ____ Good ____ Strong ____

Relationship with God:

Weak ____ Improving ____ Good ____ Strong ____

Teamwork

Weak ____ Improving ____ Good ____ Strong ____

Other Skills:

Basic Functions of a Camp Minnesota Counselor

Are there any reasons you would have difficulty performing any of the "Basic Functions of a Camp Counselor"?

QUALIFICATIONS

Must be 18 years of age at the time of employment. Must be able to supervise children on a twenty-four hour, seven day a week basis with limited time off.

Must be able to negotiate hilly terrain, rustic trails, and walk several miles per day.

Must possess the stamina to carry out camp programs in hot and humid Minnesota climate over an extended period of time. Must possess visual and auditory abilities to identify and respond to environmental and other hazards related to camp activity. Must set an example of living the Gospel and Jesus Christ on a daily basis.

Must demonstrate strong moral and Christian values consistent with the United Methodist Church.

Must be willing to teach daily Bible Study consistent with Camp Minnesota Bible study curriculum.

Must possess the ability to communicate and work with groups of all ages and skill levels in order to provide necessary instruction to campers.

Must be able to observe camper behavior, evaluate its appropriateness, and enforce and implement appropriate behavior management techniques.

DUTIES: Provide an example of a model counselor on a consistent basis. Serve as counselor in residence cabin group of 12 - 16 campers, and working with another counselor, share in the responsibility of all cabin assignments. Communicate consistently with supervisors about cabin life and camper situations. Provide encouragement and accountability for fellow staff in cabin family. Manage cabin group in accordance with Camp Minnesota policies and procedures. Provide leadership and initiative in teaching and assisting activities. Function as a friend and surrogate parent for assigned campers in cabin group using a democratic leadership style.

Monitor camper's health and condition.

Show Christian living through example and throughout the presentation of Bible Studies.

Accompany campers at all times.

Communicate with campers, parents, supervisors, and fellow staff in a professional manner.

Perform other duties as assigned or reassigned.

Counselor Code of Conduct

As a member of Camp Minnesota, you will have an incredible opportunity to impact the life of a child. With this opportunity comes great responsibility to present yourself in a manner that any parent would want their child to emulate. The Code of Conduct is designed to help you make decisions in the way that you represent yourself. They equally apply to all staff.

ALCOHOLIC BEVERAGES Alcoholic beverages are not allowed.

TOBACCO The use of any tobacco product is not permitted while under contract. This includes cigarettes, cigars, snuff, and chewing tobacco.

PERSONAL APPEARANCE You get only one chance to make a first impression. Earrings and body rings may not be worn.

Tattoos and any other body art may not be displayed. Facial hair must be neatly groomed. This includes extreme haircuts and dying.

DATING AND OTHER RELATIONSHIPS Dating relationships are permitted but should never become the focus of the camp. It is expected that you remain sexually pure in any dating relationship.

RULES AND OTHER POLICIES It is expected that you will take all rules, regulations, and policies seriously. Typically, rules are designed with safety in mind. As a staff member, we ask that you set the tone and lead by example not only to campers but also to your fellow staff.

I hereby acknowledge and agree that my employment by any United Methodist Camp in any capacity will constitute an "employment at will". This means that my employer and I will each have the right to terminate the employment at any time for any reason. I have read all information contained on this application as well as the job and camp policy information and agree to uphold the same.

Signature:

Date:
