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STAFF APPLICATION
ST. STEPHEN SUMMER CAMP
Metropolis of Atlanta

The St. Stephen Summer Camp of the Metropolis of Atlanta is committed to providing for campers and their parents a Christ-centered summer camping experience, providing a unique chance to spiritually nourish our youth, with love, compassion and understanding. All application forms will be treated in confidence and will only be seen by appropriate members of the Youth, Education and Culture Committee.

Mail this application to: St. Stephens Camp Staff Applications~ Metropolis of Atlanta~ 2480 Clairmont Road, NE~Atlanta, GA 30329 on or before MARCH 31, 2007 (please keep a copy for your records).

Personal Information

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell phone:** _____

Email (please Print neatly): _____

Gender: M / F **Date of Birth:** _____ **Age as of July 1, 2007:** _____

Occupation or School/College you are attending: _____

City/ State: _____

Employer Name: _____

If at school/college, year will you be in Fall of 2007 school year? _____

Emergency Contact Name: _____ **Relationship:** _____

Home Phone #: _____ **Cell:** _____

Camp Sessions

Please understand we are committed to creating the best possible staffing team for all camps, so filling out an application does not guarantee that you will counsel that particular week.

Session 1-July 8-14			
Session 2-July 15-21			
Session 3-July 22-28			

Home Parish

Priest Name: _____ **Church Name:** _____

City/ State: _____ **Phone :** _____

Priest Email: _____

Church Involvement

To ensure strong Christian leadership for all our camps, counselors are expected to be regular worshippers and active in other ministries at church. Please describe your involvement at your home and/or college church. _____

Please tell us about your Christian Faith journey.

How does your faith in Jesus Christ affect your everyday life?

Please share your experience relevant to being a camp counselor.

Experience and Skills

Do you have any medical training? If yes, please explain:

Do you have any life-guarding experience? If yes, are you certified? In what state is your certification?

Do you have any Water sports experience such as canoeing? If yes, please explain:

What experience do you have leading recreation/games or Sports Activities? If yes, please explain:

Have you ever worked with young people in Arts & Crafts? If yes, please explain:

Do you play a musical instrument? If so, what?

What experience do you have with drama or singing? If yes, explain:

Church Camping Experience

Have you ever been a Camper at a church camp? If so, where?

Have you ever been a Counselor at a church camp? If yes, name the camp(s), year(s) and Director(s) _____

What did you learn from being a Camper, Counselor or Director at a church camp? _____

What would you feel comfortable leading...?

An arts and crafts activity	A large group game	A Bible study/lesson	A small group discussion
A prayer in public	Worship, litanies, etc.	Singing	A camp skit or drama

Why do you want to be a Counselor?

Are you able to function on 5 hours of sleep per night and be on your feet all day long? Yes No

References and Agreement

References: *Please list two (2) people, other than your priest or a family member, who are familiar with your character and experience as it relates to leading a camp. Please provide their name, relationship, time known, plus a phone number and/or email address for both. References will be checked.*

1. _____

2. _____

Counselor Agreement: I will show love and respect to all the campers and my fellow counselors, even the most unlovable ones, and will put the campers’ needs above my own personal needs and desires. I will treat every individual at the camp with respect; this includes campers, counselors, camp managers and other staff. I will abide by the camp rules and guidelines set by Metropolis of Atlanta. I will seek to serve God as a Counselor at the St. Stephen Summer Camp to the best of my ability using the gifts and talents God has given me. I will communicate my faith in Jesus Christ as Lord and Savior through my words and actions while at St. Stephen Summer Camp.

Signature and Date:

Applicants, please note the following:

___ If you are attending or have graduated from a post-secondary school within the past five years, you will be asked to submit written permission for the Saint Stephen's Camp Committee to have access to your school records (academic and disciplinary).

___ A member of the Saint Stephen's Camp Committee may be interviewing you prior to the acceptance of your application. Every effort will be made to arrange for such an interview to be taken place at a time and location that will not greatly inconvenience you.

___ Those who are selected as counselors must make arrangements to arrive at camp by noon on the day before their session starts i.e. Which means by noon on Saturday, July 7th for week one, By noon on Saturday, July 14th for week two and by noon on Saturday, July 21nd for session III. Staff responsibilities will end at approximately 11:00 am the following week.

Counselors are expected to remain at the camp for the entire camp session. Make sure you are available for the entire week, from Saturday to Saturday. (NO EXCEPTIONS!)

Medical History This form must be completed in full. All information will be kept confidential.

Name:

Circle or otherwise indicate your current state of health: **Excellent Good Fair Poor**

All known allergies:

Activities you **cannot** participate in:

Special dietary needs (e.g. vegetarian, vegan, dairy):

Have you had a Tetanus shot within the past 5 years? YES or NO.

Your physician and phone #:

Date of most recent physical/visit to the doctor:

Medical insurance provider, policy # and policyholder:

Over-the-counter medications may be distributed during the camp for everyday aches and pains. Please circle or otherwise indicate those which you may take:

All over-the-counter medications, Acetaminophen, Ibuprofen, Aspirin, Pepto-Bismol, Tums, Dramamine, Calamine

Medicine Routinely Taken: (Name, Number, Frequency, Reason)

Please circle or otherwise indicate if you have ever been diagnosed with:

ADHD, Learning disabilities, Depression, Mental Illness, Bi-polar Disease, Eating Disorders, Asthma, Epilepsy, Diabetes, and/or Any Operations or Serious Illness or Injury. If so, please explain:

Please answer **Yes** or **No** to the following four questions:

Do you use illegal drugs?

Have you ever been convicted of a criminal offense involving children?

Has your driver's license ever been suspended or revoked?

Other than the above, is there any act or circumstance involving you or your background that would call into question your being involved with the supervision, Christian guidance, and care of young people?

If you answered Yes to any of the above four questions, please explain:

I authorize the release of medical records in case of illness or accident. In case of any medical emergencies, I understand that every effort will be made to contact my identified emergency contact. In the event the emergency contact cannot be reached, I hereby give permission to the physician selected by the camp manager to hospitalize, to secure proper treatment for, and to administer anesthesia or surgery.

Signature and Date:

PRIEST RECOMMENDATION FOR CAMP STAFF MEMBER 2007

This applicant has applied to serve our Lord Jesus Christ as a counselor at the St. Stephen Summer Camp. Please be honest in your evaluation of this applicant.. This evaluation is completely confidential and will only be seen by Michelle Cassimus and the Camp Director.

Thank you.

All recommendation forms for Counselor should be signed and mailed in confidence to:

Mail to: Mrs. Michelle Cassimus, Metropolis of Atlanta, 2480 Clairmont Rd. NE, Atlanta, GA 30329

Or email to youth@atlmopolis.org.

Applicant to complete this section before giving the form to his/her Pastor

Name of Counselor (Applicant):

Camp session applying for: _____ :

Name:

Parish phone number and email:

Do you know the applicant well enough to make a recommendation: Yes or No

If No, please return this form to the applicant. If Yes, please continue.

How long have you known the applicant?

Please offer a brief assessment of the applicant in the following areas:

Living their Christian faith		Communicating their Christian faith	
Knowledge of Orthodox Faith		Connecting with children/youth	
Large group participation		Small group participation	
Following through on assignments		Decision making/judgment	
Working as part of a team		Ability to work with peer counselors	
Enthusiasm		Maturity to be a counselor at camp	

Please circle or otherwise indicate this applicant's attendance and participation in worship:

Almost always, regularly, occasionally, seldom, never

Please circle or otherwise indicate this applicant's participation in other relevant church activities (youth group, Sunday school, young adult group, etc.):

Almost always, regularly, occasionally, seldom, never

Does the applicant interact well with peers?

Does the applicant interact well with young people?

Does the applicant respect authority?

Please relate your experience of this applicant performing in a leadership position:

Please indicate qualities you see in this applicant that would help him/her as a Camp Counselor:

Other comments regarding this applicant the Council should consider:

Do you recommend this applicant to be a Counselor at St. Stephen Summer Camp, taking into account all the responsibilities of the position? Please circle or otherwise indicate.

Yes, I do enthusiastically. Yes, I do.
 Yes, but with some reservations. No, I do not recommend this person at this time.

Why?: _____

Signature: _____ *Date:* _____
Print Name: _____ *Phone:* _____

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