



2723 Camp Jacob Road  
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 www.campjacobministry.com

## CAMP JACOB 2019 COUNSELOR APPLICATION

*Interested individuals should complete the application and send it to the address above.*

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EDUCATIONAL BACKGROUND (Beginning with most recent)

School	Dates Attended	Major	Degree

### WORK EXPERIENCE (Beginning with most recent)

Employer	Dates Employed	Reason for Leaving

### CAMP EXPERIENCE

Camp Attended	Years	Ages	Experience Summary

**GENERAL HEALTH**

Is your health: excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_

Have you had a recent major operation or serious illness? \_\_\_\_\_ if so, explain \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Do you have a physical disability or require special accommodations? \_\_\_\_\_ if so, explain \_\_\_\_\_

**SPECIAL TRAINING OR CERTIFICATIONS**

SWIMMING ABILITY (check one):  NON-SWIMMER  FAIR  GOOD  SUPERIOR

Please check below any American Red Cross certifications you currently hold, along with expiration dates:

- CPR/FPR Exp. Date \_\_\_\_\_
- COMMUNITY FIRST AID Exp. Date \_\_\_\_\_
- RESPONDING TO EMERGENCIES Exp. Date \_\_\_\_\_
- LIFEGUARD TRAINING Exp. Date \_\_\_\_\_
- WATER SAFETY INSTRUCTOR Exp. Date \_\_\_\_\_
- OTHERS (please specify) \_\_\_\_\_

Check off below those sports/activities in which you have significant experience and feel you would be able to organize and teach:

- |  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ARCHERY       | <input type="checkbox"/> MUSIC        | <input type="checkbox"/> SOFTBALL     |
| <input type="checkbox"/> ARTS & CRAFTS | <input type="checkbox"/> NATURE STUDY | <input type="checkbox"/> THEATER      |
| <input type="checkbox"/> BASKETBALL    | <input type="checkbox"/> PHOTOGRAPHY  | <input type="checkbox"/> TENNIS       |
| <input type="checkbox"/> GAMES         | <input type="checkbox"/> SOCCER       | <input type="checkbox"/> WATER SPORTS |

**SPIRITUAL BACKGROUND**

Home Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

At what age did you receive Jesus Christ as your personal Savior? \_\_\_\_\_

Please briefly share your personal testimony: \_\_\_\_\_

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

**REFERENCES**

Please provide 3 character references.

Name	Relationship	Contact Information

**FINAL DETAILS**

Please initial beside the following statements indicating your approval.

\_\_\_\_\_ I authorize Camp Jacob to inquire from church and school personnel about my qualifications and suitability for a staff position.

\_\_\_\_\_ I understand and authorize Camp Jacob to perform a criminal background check on me.

APPLICANT NAME(PRINT): \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_