

**Staff Application 2010**  
**Episcopal Day Camp at St. Columba**

NAME \_\_\_\_\_ Name you prefer: \_\_\_\_\_ AGE \_\_\_\_\_

GRADE (in fall) \_\_\_\_\_ Sex: M / F EMAIL (one you will check) \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ SS# \_\_\_\_\_

PARISH/CHURCH: \_\_\_\_\_ PARENT/GUARDIAN(S) \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBERS: \_\_\_\_\_

T-SHIRT SIZE: XS S M L XL Other counselors with whom you'd like to work: \_\_\_\_\_

I am applying for the position of:

\_\_\_\_\_ ADULT STAFF (rising college freshman or older) Salary based on experience

\_\_\_\_\_ SR. COUNSELOR (rising 11<sup>th</sup>/12<sup>th</sup> grader w/ camp experience) Salary \$80 per session

\_\_\_\_\_ JR. COUNSELOR (rising 9<sup>th</sup>/10<sup>th</sup> grader w/ some camp experience) Salary \$50 per session

\_\_\_\_\_ JR. COUNSELOR IN TRAINING "CIT" (rising 7<sup>th</sup>/8<sup>th</sup> grader w/ some camp experience) Volunteer  
(COUNSELORS IN TRAINING must submit a fee of \$35 per session.)

I am applying for the following session/s:  
*We prefer for you to work all 3 if possible.*

_____ SESSION I	July 12 <sup>th</sup> – July 15 <sup>th</sup>
_____ SESSION II	July 19 <sup>th</sup> – July 22 <sup>nd</sup>
_____ SESSION III	July 26 <sup>th</sup> – July 29 <sup>th</sup>

**What was your last position at EDC (circle one):** Counselor / Camper / Never been to EDC before

**REFERENCES**

1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE: \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE: \_\_\_\_\_

**PREVIOUS EXPERIENCE**

1. PLACE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TYPE of EXPERIENCE: \_\_\_\_\_

2. PLACE: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE of EXPERIENCE: \_\_\_\_\_

SPECIAL SKILLS, TALENTS, CERTIFICATES, RATINGS, INTERESTS, ETC.: \_\_\_\_\_

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

SPECIAL MEDICAL REQUIREMENTS/ RX ALLERGIES: \_\_\_\_\_

Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

**Covenant**

If selected I will be true and loyal to the **ideals** and **policies** of Episcopal Day Camp. I understand that this is a job, and although it is to be an enjoyable experience for the counselor, this camp is for the children. I understand that it will be my responsibility to help provide a loving, nurturing environment for them. I understand smoking, illegal drugs, alcoholic beverages, use of profanity and deliberate abuse of others, physical and verbal, will be strictly forbidden. I understand the Camp Directors reserve the right to dismiss me without pay if my behavior is undesirable as a counselor.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this application and accept responsibility for my child’s transportation to St. Columba. I understand he/she must be at camp by 7:30 each Monday and 8:30 for the rest of the week unless otherwise specified by the Camp Directors and should be picked up *no later than* 3:30 each day. Episcopal Day Camp has my permission to administer or obtain medical assistance in the event of an emergency; I will be responsible for all costs incurred. I give permission for photographs containing my child to be included in publications of St. Columba Episcopal Conference Center and The Diocese of West Tennessee.

\_\_\_\_\_ *has my support and encouragement in this ministry!*  
*Child’s name*

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH** a photocopy front & back of applicant’s insurance card.

Mail to: EDC – St. Columba Center  
4577 Billy Maher Road  
Memphis, TN 38135  
(901) 377-9284

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**(Cut this section off and Keep)**

**Required Staff Training**

Please consider your application accepted unless otherwise notified. A training session is required for new and former counselor positions.

**WHEN: TBA**  
**WHERE: Gates Pavilion, St. Columba**

Attendance is required for entire session! For more information call Tim Geske @ (901) 377-9284

We expect you to be in attendance during the weeks that you committed yourself. Below, mark the weeks you will be attending for a reminder. If you have changes, notify Tim ASAP.

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