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CAMP JACOB 2021 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 _____

Do you have a mental illness or behavioral disorder? _____ 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) _____

Would you be willing and able to become certified as a lifeguard if need be? _____

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 |

How comfortable would you be with sharing the Gospel with a child? _____

How would you go about doing so? _____

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: _____