



# YEAR ROUND MINISTRY STAFF APPLICATION

Return to: Ministry Staff Application  
 Attn: Assistant Director  
 The Pines Catholic Camp  
 300 White Pine Road  
 Big Sandy, TX 75755

**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
Last First Middle

**Home Address** \_\_\_\_\_  
Street Address City State Zip Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**School or College** \_\_\_\_\_

**School Address** \_\_\_\_\_  
Street Address City State Zip Code

**Dates Available** From \_\_\_\_\_ To \_\_\_\_\_

**Preferred Positions:** \_\_\_\_\_

**Do you meet the age requirements (can be found on website)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Can you perform the essential functions of the job for which you are applying?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If you are a new applicant, how did you hear about The Pines?** \_\_\_\_\_

## PAST WORK HISTORY

Please provide a full record of employment-paid or volunteer- and explain any gaps in employment.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reasons for Leaving

**REFERENCES** Give the names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits, and ability.

NAME	ADDRESS	PHONE

**CAMP EXPERIENCE** List any camps you have worked at or attended as a camper.

Dates	Camp & Director	Location	Camper or Staff

**EDUCATION** High school and beyond

Years	School	Location	Majors	Degree Granted

Write a brief biographical sketch, including specialized training in camping and/or experience or training in other relevant fields for which you are applying. Attach separate sheet if necessary.

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Describe your involvement with your church and any faith-related activities.

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**CERTIFICATIONS AND SPECIALIZATIONS**

1. Are you currently certified in any of the following. If so, please fill out the information.

Lifeguard Certified \_\_\_\_\_  
*Which Organization* *Date Expires*

Ropes or Challenge Course Certified \_\_\_\_\_  
*Which Organization* *Date Expires*

Archery Certified \_\_\_\_\_  
*Which Organization* *Date Expires*

Riflery Certified \_\_\_\_\_  
*Which Organization* *Date Expires*

First Aid Certified \_\_\_\_\_  
*Which Organization* *Date Expires*

CPR Certified \_\_\_\_\_  
*Which Organization* *Date Expires*

Other Certification \_\_\_\_\_

2. List any activities or programs that you could organize and teach as an expert.

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Do you have a valid driver's license?

DL # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a current chauffeur's license? \_\_\_\_\_

Do you have a commercial driver's license? \_\_\_\_\_

What contributions do you think you can make to The Pines Catholic Camp?

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**What contributions do you think a well-run camp can make to children?**

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**Why are you applying for this position?**

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**Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_**

**I authorize investigation of all statements herein, including any checks of criminal records and release The Pines Catholic Camp and all others from liability in connection with same. I understand that, if employed, I will be an at will employee unless there is an agreement or law which alters that status. Furthermore, I understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.**

**Signature \_\_\_\_\_ Date**

**Signature of Guardian if minor \_\_\_\_\_ Date**

## The Pines Catholic Camp: STAFF REFERENCE FORM 1

### To The Applicant:

Before presenting this form to the recommender (no family members or peer friends), read the statement below, print your name and sign in the appropriate space. Please provide the recommender with a stamped envelope addressed to The Pines Catholic Camp. The recommender should mail this form to The Pines (address provided below). Hiring decisions can only be made if ALL 3 references have been received. Thank you.

APPLICANT STATEMENT: I hereby authorize the person completing this form to provide information to The Pines Catholic Camp, concerning my competence, ethics, character, and suitability for the position for which I am applying. I understand that the information provided will be held confidential by The Pines Catholic Camp, and I waive any rights to review this recommendation.

Applicant's name (please print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To The Reference:

The person named above has applied for a staff position at The Pines Catholic Camp. We appreciate your willingness to give us an honest and frank appraisal of the applicant's suitability for employment here. It is essential that camp staff are positive role models, have integrity, enjoy working with children, can collaborate with other adults, can live in community with others, are flexible, eager learners and live a Christian life. Thank you for your help in this process. Your recommendation will be held confidential by The Pines Catholic Camp.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. How would you assess this person's ability to perform under stressful conditions (i.e.: long hours, elevated noise levels, outdoor setting, etc.)?
3. What one thing about this person's experience, skills or work style would you change?
4. What one thing about this person's experience, skills or work style impresses you most?
5. Are you aware of any reasons this person should NOT work with youth ages 6-18? If yes please explain.
6. Does the applicant exhibit the level of responsibility that is necessary for the care and mentoring of children? If yes please explain.
7. Does the applicant ever exhibit signs of chemical dependency? If yes please explain.

OVER PLEASE

Please rate the applicant on the following:

	Great	Good	Fair	Poor	Unknown	Comments
Maturity	1	2	3	4	5	
Relationship with peers	1	2	3	4	5	
Relationship with Children	1	2	3	4	5	
Team Skills	1	2	3	4	5	
Relationship with Supervisor	1	2	3	4	5	
Communication Skills	1	2	3	4	5	
Competence in Conflict Resolution	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Attendance	1	2	3	4	5	
Competence in Performance of Duties	1	2	3	4	5	
Results Oriented	1	2	3	4	5	
Creativity	1	2	3	4	5	
Ability to Accept Feedback	1	2	3	4	5	
Assertiveness	1	2	3	4	5	
Ability to Cope with Stress	1	2	3	4	5	
Responsibility	1	2	3	4	5	

**IF THE APPLICANT IS A FORMER EMPLOYEE:**

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Position(s) held \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you re-hire this person?

Additional comments:

Name of person making recommendation: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

<p>REMIT TO:  <i>Attn: Assistant Director</i>                      The Pines Catholic Camp                      300 White Pines Road                      Big Sandy, TX 75755</p>
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## The Pines Catholic Camp: STAFF REFERENCE FORM 2

### To The Applicant:

Before presenting this form to the recommender (no family members or peer friends), read the statement below, print your name and sign in the appropriate space. Please provide the recommender with a stamped envelope addressed to The Pines Catholic Camp. The recommender should mail this form to The Pines (address provided below). Hiring decisions can only be made if ALL 3 references have been received. Thank you.

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Applicant's name (please print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To The Reference:

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8. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
9. How would you assess this person's ability to perform under stressful conditions (i.e.: long hours, elevated noise levels, outdoor setting, etc.)?
10. What one thing about this person's experience, skills or work style would you change?
11. What one thing about this person's experience, skills or work style impresses you most?
12. Are you aware of any reasons this person should NOT work with youth ages 6-18? If yes please explain.
13. Does the applicant exhibit the level of responsibility that is necessary for the care and mentoring of children? If yes please explain.
14. Does the applicant ever exhibit signs of chemical dependency? If yes please explain.

OVER PLEASE

Please rate the applicant on the following:

	Great	Good	Fair	Poor	Unknown	Comments
Maturity	1	2	3	4	5	
Relationship with peers	1	2	3	4	5	
Relationship with Children	1	2	3	4	5	
Team Skills	1	2	3	4	5	
Relationship with Supervisor	1	2	3	4	5	
Communication Skills	1	2	3	4	5	
Competence in Conflict Resolution	1	2	3	4	5	
Punctuality	1	2	3	4	5	
Attendance	1	2	3	4	5	
Competence in Performance of Duties	1	2	3	4	5	
Results Oriented	1	2	3	4	5	
Creativity	1	2	3	4	5	
Ability to Accept Feedback	1	2	3	4	5	
Assertiveness	1	2	3	4	5	
Ability to Cope with Stress	1	2	3	4	5	
Responsibility	1	2	3	4	5	

**IF THE APPLICANT IS A FORMER EMPLOYEE:**

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Position(s) held \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you re-hire this person?

Additional comments:

Name of person making recommendation: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### The Pines Catholic Camp: STAFF REFERENCE FORM 3

#### To The Applicant:

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Thank you.

APPLICANT STATEMENT: I hereby authorize the person completing this form to provide information to The Pines Catholic Camp, concerning my competence, ethics, character, and suitability for the position for which I am applying. I understand that the information provided will be held confidential by The Pines Catholic Camp, and I waive any rights to review this recommendation.

Applicant's name (please print): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### To The Reference:

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15. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

16. How would you assess this person's ability to perform under stressful conditions (i.e.: long hours, elevated noise levels, outdoor setting, etc.)?

17. What one thing about this person's experience, skills or work style would you change?

18. What one thing about this person's experience, skills or work style impresses you most?

19. Are you aware of any reasons this person should NOT work with youth ages 6-18? If yes please explain.

20. Does the applicant exhibit the level of responsibility that is necessary for the care and mentoring of children? If yes please explain.

21. Does the applicant ever exhibit signs of chemical dependency? If yes please explain.

OVER PLEASE

Please rate the applicant on the following:

	Great	Good	Fair	Poor	Unknown	Comments
Maturity	1	2	3	4	5	
Relationship with peers	1	2	3	4	5	
Relationship with Children	1	2	3	4	5	
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Relationship with Supervisor	1	2	3	4	5	
Communication Skills	1	2	3	4	5	
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Punctuality	1	2	3	4	5	
Attendance	1	2	3	4	5	
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Results Oriented	1	2	3	4	5	
Creativity	1	2	3	4	5	
Ability to Accept Feedback	1	2	3	4	5	
Assertiveness	1	2	3	4	5	
Ability to Cope with Stress	1	2	3	4	5	
Responsibility	1	2	3	4	5	

**IF THE APPLICANT IS A FORMER EMPLOYEE:**

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Position(s) held \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you re-hire this person?

Additional comments:

Name of person making recommendation: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

<p style="text-align: center;"> <b>REMIT TO:</b>  <i>Attn: Assistant Director</i>                      The Pines Catholic Camp                      300 White Pines Road                      Big Sandy, TX 75755                 </p>
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