

St. Sava Shadeland Camp

2009 Counselor Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Birthdate & age: _____

Your present occupation: _____

Marital Status: _____ Single _____ Married _____

Name & Phone No. of emergency contact _____ Relationship _____

Shadeland Camp 2009 Counselor Orientation runs from Wednesday, July 8th until Friday, July 11. All counselors are required to attend. Please do not apply unless you can be present.

Shadeland Camp 2009 runs from Sunday, July 12th through Sunday, August 2th. All Counselors must leave Camp premises on Sunday, August 2nd by 6PM. Can you work the full 3 weeks of the camp season? Yes _____ No _____

If not, what dates are you available to work: From _____ To _____

Please list your previous camp experience, please specify as camper or staff.

In which of the following areas do you have training or experience:

Arts & Crafts _____ Music _____ Dance (specify) _____

Sports (specify) _____ Lanugages (specify) _____

Orthodox Christian education _____ Counseling: (degrees if applicable) _____

Certified water life safety (if so, in what class?) _____

Water safety instructor (please list your training) _____

Other (please specify) _____

Past Employment. Please provide a full record of employment.

Date	Employer	Nature of Work	Reason for leaving
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Education. Please indicate level of formal education completed:

High School _____ Year graduated _____

College _____ Yrs completed _____ Major _____

Graduate School _____ Yrs. completed _____ Major _____

Other schools or experience _____

Have you ever been charged or convicted of any crime relating in any manner to children and/or your conduct with them? Yes _____ No. _____

If yes, please explain (Use a separate sheet if necessary)

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes _____ No _____

If yes, please explain (Use a separate sheet if necessary)

Parish Name: _____

Parish Priest Name: _____ Phone: _____

References. Please give names and addresses of 2 persons (not relatives) having knowledge of your character, experience, and ability.

Name	Address	Phone
_____	_____	_____
_____	_____	_____

What contributions do you think you can make at camp?

Why do you want to be a Shadeland counselor?

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I give my consent to St. Sava Camp to perform a background check with the appropriate law enforcement agency.

I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant will result in dismissal, regardless of the time of discovery by the camp.

Signature of Applicant _____ Date _____

I understand that this application will only be considered if I am at least 19 years of age; I fully complete the application and submit a letter of recommendation from my parish priest and provide the names and addresses/phone of 2 additional references; I submit a completed health form from my physician with this application; and I agree to the terms and guidelines for Counselors at Shadeland, as listed on the accompanying sheet:

Signature of Applicant _____ Date _____

Parish priest signature: _____

(Parish Seal Affixed)

Please return to:
Vesna Meinert, Camp Secretary, 3022 Dogwood Rd, Bridgeport, WV 26330;
For additional information, phone 304-842-2927 or email vgtm@earthlink.net