



Heartland Conference of the United Church of Christ
Templed Hills Camp Paid Staff Application

Name: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternative phone: _____

Please circle: (cell, home, work)

(cell, home, work)

Have you ever previously worked/volunteered for Heartland (Ohio) Conference UCC?

Yes No If yes, please complete the following.

Dates: ___/___/___ to ___/___/___ Position: _____

For what position are you applying? _____

What interests you about the position for which you are currently applying?

What has prepared you for the position for which you are currently applying? Write a brief biographical sketch, including specialized training or experience in camping, other fields which might have a bearing on the position(s) for which you are applying. Attach a separate sheet if necessary.

Do you meet or exceed any minimum age requirements for this position?

Yes No Don't know minimum age

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes No



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Employment history

Dates of Employment (Start with most recent)	Company Name and Address (City, State Zip)	Immediate Supervisor Name and Phone Number	Position Held/Nature of work	Reason for Leaving Position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

Indicate any employer you do not wish us to contact, and the reason:

Educational history (High School and Beyond)

School Name	(City, State Zip)	Type of School	Name of Program or Degree	Program completed?



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Reference Type	Name	Preferred Phone (xxx) xxx-xxxx	Email	How long have you known this person?	Has this person agreed to provide a reference?
Professional					
Professional					
Personal					
Pastor/church leader of local church					
Family Member					

Volunteer experience

Please list your volunteer experiences with non-profit organizations (use back if needed.)

Organization	Duties	Dates	Contact Person	Phone Number

Camp experience

Dates	Camp & Director	Location	Camper or Staff?



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Camp Program Skills In the following list, score each activity as a “0” = no experience, “1” = have participated, “2”= Have taught and can teach as an expert, “3”= **you have current certification and attach a copy of your certification.** You may use more than one number.

<p>Adventure/Challenge</p> <p>_____ Ground initiatives</p> <p>_____ challenge/ropes course</p> <p>_____</p> <p>Arts/Crafts</p> <p>_____ ceramics/pottery</p> <p>_____ drawing/painting</p> <p>_____ leather craft</p> <p>_____ photography</p> <p>_____ woodworking</p> <p>_____</p> <p>Campcraft/Pioneering</p> <p>_____ hiking</p> <p>_____ orienteering</p> <p>_____ outdoor cooking</p> <p>_____ outdoor living skills</p> <p>_____ overnights</p> <p>_____</p> <p>Dance (list)</p> <p>_____</p> <p>_____</p> <p>Drama</p> <p>_____ clowning</p> <p>_____ theater</p> <p>_____</p> <p>_____</p>	<p>Music</p> <p>_____ singing</p> <p>_____ instrument (list)</p> <p>_____</p> <p>Nature</p> <p>_____ animals/animal care</p> <p>_____ astronomy</p> <p>_____ birds</p> <p>_____ edible plants</p> <p>_____ environmental studies</p> <p>_____ flowers</p> <p>_____ forestry</p> <p>_____ insects</p> <p>_____ rocks/minerals</p> <p>_____ weather</p> <p>_____</p> <p>Sports/Fitness</p> <p>_____ aerobics/exercise</p> <p>_____ archery</p> <p>_____ baseball/softball</p> <p>_____ basketball</p> <p>_____ bicycling/biking</p> <p>_____ fishing</p> <p>_____ football</p> <p>_____ informal games</p> <p>_____ soccer</p>	<p>_____ volleyball</p> <p>_____</p> <p>Waterfront Activities</p> <p>_____ lifeguarding</p> <p>_____ canoeing</p> <p>_____ kayaking</p> <p>_____ swimming</p> <p>_____</p> <p>Miscellaneous</p> <p>_____ academics</p> <p>_____ community service</p> <p>_____ farming/gardening</p> <p>_____ foreign language</p> <p>_____ leadership</p> <p>_____ development/CIT</p> <p>_____ storytelling</p> <p>_____ team building</p> <p>_____ worship services</p> <p>_____ religious studies</p> <p>_____</p> <p>Operational</p> <p>_____ kitchen management</p> <p>_____ cooking for large groups</p> <p>_____ groundskeeping</p> <p>_____ building repairs</p> <p>_____ health management</p> <p>_____</p>
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Our organization appreciates your willingness to share your skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community. Please initial each of the statements below.

- *I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.*
 - *I understand that I can withdraw from the application process at any time.*
 - *My signature indicates that I have read and understand the above.*
- Do not sign until you have read and initialed the above statements.**

Applicant Signature: _____ **Date:** ____/____/____