

Windsor Hills Camp and Retreat Center, 29 White Pond Rd, Windsor, NH 03244  
Voice (603)478-3363; Fax: (603) 478-3373; Email: pastorricksmith@familyofsmiths.net

## Counselor/Staff Application -- All Summer Camps -- 2010

*Must be 23 to work at Senior High Camp, 18 or HS graduate to work at the rest.*

Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of birth \_\_\_\_\_ Age at camp\*\* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Other phone \_\_\_\_\_

Church Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Pastor's name, **signature** implying recommendation: \_\_\_\_\_

Applying for which camps?

\_\_\_\_\_ Boys' Camp (July 12-17) \_\_\_\_\_ Sr. HI (July 19-24) \_\_\_\_\_ Girls' Camp (26-31) \_\_\_\_\_ Jr. HI (Aug. 9-14)

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|--|--|
| 1. _____ Mail completed Health form (TO WHC)   | <b>To be considered for a counselor position,<br/>you must complete this check list.<br/>Allow 4-6 weeks!!</b> |
| 2. _____ Complete Criminal Background Check Form. (To WHC)                           |  |
| 3. _____ Mail a copy of this application to BOTH WHC and the specific camp director. |  |

Check if you have valid certifications in \_\_\_\_\_ Red Cross Lifesaving; \_\_\_\_\_ CPR; \_\_\_\_\_ First Aid; \_\_\_\_\_ First Responder

**Please list on the back any special skills or activity interests that you have.**

Please share briefly your testimony (use back if necessary): \_\_\_\_\_

What motivates you to want to be a camp counselor? \_\_\_\_\_

Please list previous Camp leadership experience. Give name of camp, position and dates.

Provide two personal references other than your pastor or relatives: Name, address and telephone, including relationship to you.

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I hereby agree to abide by the rules of the camp and to adhere to the standards of conduct set for the staff. I understand that no smoking, alcohol, illegal drugs, weapons of any kind, pornography or profanity will be allowed in the camp. My dress will be modest as becomes a Christian as defined by the camp executive director. I give permission for Windsor Hills to conduct all necessary background checks.

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

\*\* In order to approve this application, **Health Form, Background Check, and Completed Application Form** must be sent to Windsor Hills Camp. Send as soon as possible, but no later than July 1. Activity Staff will be chosen from Counselor applications.

**Office Use Only: ref ck:**

*T Shirt Size: Circle One: AdltSm – Adlt Med – Adlt L – Adlt XL – Adlt XXL – Adlt XXXL*