

# SOUTH SHORE CONGREGATIONAL YOUTH CONFERENCE

*"A Vacation With A Purpose"*

## SUMMER CAMP VOLUNTEER STAFF APPLICATION

PERSONAL INFORMATION						
First Name <b>asdf</b>		Middle Name	Last Name		Suffix	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Street Address		City	State	Zip Code	How long have you lived here? <b>Years Months</b>	
Previous Street Address (If at current address less than 5 years)		City	State	Zip Code	How long did you lived there? <b>Years Months</b>	
Home Phone Number	Mobile Phone Number	Email Address <b>tom.remsen@gmail.com</b>			Are you 18 years old or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION						
Type of School	Currently Enrolled?	Name and Location of School		Degree/Area of Study	Number of Years Attended	Graduated?
<b>High School</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name			<b>YEAR(S)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
		City	State			
<b>College</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name			<b>YEAR(S)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
		City	State			
<b>Other</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name			<b>YEAR(S)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
		City	State			

REFERENCES					
<b>1</b>	Name		Street Address		Home Phone
	Relationship		City	State	Zip Code
<b>2</b>	Name		Street Address		Home Phone
	Relationship		City	State	Zip Code

Were you previously a camper at this summer camp program?  YES  NO

Are you currently an active member of one of the SSCYC member churches or a leader for their youth group?  YES  NO  
If yes, which one? \_\_\_\_\_

Do you have any current certifications that may be relevant to this summer camp program? (Check all that apply)  
 CPR/First Aid  Lifeguard  Registered Nurse (RN)  Licensed Educator  ACA Certified  Other \_\_\_\_\_

List any of your skills/talents that may strengthen and support any aspect of this summer camp program.  
 \_\_\_\_\_  
 \_\_\_\_\_

List any of your work experience/leadership skills that may enhance this summer camp program.  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of, or plead guilty to a crime including, but not limited to, assault, sexual assault, or child abuse? If yes, please explain.  YES  NO  
 \_\_\_\_\_  
 \_\_\_\_\_

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