



# The Salvation Army Camp SWONEKY

605 Middleboro Road

Oregonia, OH 45054

Phone: 513.932.1794 Fax: 513.932.8831

www.campswoneky.com

Office Use Only

Position \_\_\_\_\_

Salary \_\_\_\_\_

## SUMMER STAFF APPLICATION

The questions asked in this application are within the limits established by The Salvation Army's equal Employment Opportunity Guidelines. All information requested is considered valid for job performance or living conditions. The demands of camping require vitality, physical fitness, and age difference appropriate for supervision responsibility. Living units for families are limited and other units restricted according to gender, requiring supervision by a person of the same gender. All Salvation Army service is based upon prescribed doctrinal beliefs, a copy of which accompanies this application. Also enclosed is a copy of the goals of this camp that includes a statement of purpose. Except for specified positions an applicant need not subscribe explicitly to Salvation Army doctrine, but all staff must be able to support and interpret the camp goals and accept intellectually the stated purpose of Salvation Army camping.

**\*\*PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY. USE INK, WRITE CLEARLY, AND USE ADDITIONAL PAPER, IF NEEDED.**

### FULL NAME \_\_\_\_\_

Please return your application to:

The Salvation Army  
Camp SWONEKY  
P.O. Box 596  
Cincinnati, OH 45201  
or  
Fax: 513.762.8623

#### Current Address

Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Last Day at this address \_\_\_\_\_

#### Permanent Address

Street \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#### Personal Information

Social Security # \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Age of dependents \_\_\_\_\_

Can you legally work in the U.S.?

Yes  No

Do you use tobacco?

Never  Occasionally  Regularly

Do you use non-prescribed substances?

Never  Occasionally  Regularly

Do you use intoxicating drink?

Never  Occasionally  Regularly

### Educational Background

Are you currently in school?  Yes  No

Educational Level	Institution	Major	Degree	Dates Attended
High School				
College				
Other				

## Work Experience (If you have had many jobs, list only those relevant to the position for which you are applying)

1. Position or work description \_\_\_\_\_ Employer \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_
2. Position or work description \_\_\_\_\_ Employer \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_
3. Position or work description \_\_\_\_\_ Employer \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

## Camp Specific

### How did you first hear about Camp SWONEKY?

- |  |   |
|--|---|
| <input type="checkbox"/> Corps/Church – Which One? _____   | <input type="checkbox"/> Internet – Which Site? _____ |
| <input type="checkbox"/> Current Staff Member – Who? _____ | <input type="checkbox"/> School – Which One? _____    |
| <input type="checkbox"/> Former Staff Member – Who? _____  | <input type="checkbox"/> SWONEKYouth.com              |
| <input type="checkbox"/> Friend– Who? _____                | <input type="checkbox"/> Other _____                  |

### Camp Experience (As either a camper or a staff member)

Camp Name	Dates	Position (if Staff)	Address & Phone Number

For which position are you applying? \_\_\_\_\_

List any other position you would seriously consider \_\_\_\_\_

Rank in order of preference the age group you are most comfortable working with (1 being the most):

\_\_\_\_\_ ages 6-7                      \_\_\_\_\_ ages 8-9                      \_\_\_\_\_ ages 10-12

Please list the dates you are available to work this summer: Start \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_

If you have any special certifications which would be beneficial to a camp setting, please enter that information below.

Certification	Expiration	State	Certification	Expiration	State

# Skills Inventory

Do you play a musical instrument?  Yes  No

Name of Instrument	Years in Training	Can You Assist or Teach?

Do you sing?  Yes  No If yes, which part \_\_\_\_\_ Do you read music?  Yes  No

Place a "1" next to those you have participated in, a "2" next to those you can assist, and a "3" next to those you can lead.

Athletics	Skill Level
Baseball	
Basketball	
Field Hockey	
Flag Football	
Group Games	
Horseback Riding	
Soccer	
Softball	
Tennis	
Volleyball	
Other _____	
Arts & Crafts	Skill Level
Drawing	
Painting	
Handicrafts	
Paper Mache	
Other _____	
Dramatics	Skill Level
Clowning	
Improv	
Mime	
Puppets	
Sacred Dance	
Skits	
Other _____	

Music	Skill Level
Instrumental	
Piano	
Sight Reading	
Song Leading	
Vocal - Group	
Vocal - Solo	
Other _____	
Nature	Skill Level
Animals	
Birds	
Conservation	
Farming	
Flowers	
Forestry	
Insects	
Reptiles	
Rocks/Minerals	
Other _____	
Outdoor Living	Skill Level
Fire Building	
Hiking	
Orienteering	
Overnight Camping	
Ropes Course	
Other _____	

Programming	Skill Level
Camp Fire Program	
Evening Program	
Rainy-day Program	
Team Building	
Other _____	
Religion	Skill Level
Conduct Worship	
Lead Devotions	
Plan Worship	
Other _____	
Water Activities	Skill Level
Boating	
Canoeing	
Fishing	
Swimming	
Other _____	
Miscellaneous	Skill Level
Foreign Language	
Sign Language	
Other _____	

Are there camp activities in which you feel you can not take part in?  Yes  No

If yes, please list those activities and provide a brief explanation.

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## Character References

Please list three (3) references and their contact information. One (1) reference **must** be your current Minister, Bible Study leader, or Youth Pastor. Your references **must** be adults who are not related to you and who have knowledge of your character, work ethic, and/or spiritual life. Examples of good references include: ministers, teachers, coaches, and former employers. Unacceptable references include: roommates, peers, and family members.

Name _____	Relationship _____	Length of Acquaintance _____
Street Address _____		
City _____	State _____	Zip _____ Phone _____

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Length of Acquaintance \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## Essay Questions

Camp SWONEKY is a Christian camp whose primary purpose is to share the message of Christ's love to the campers we serve. Campers participate in daily devotions, Lord's Day worship services, prayer before meals, etc. Staff members participate in leading campers in these activities. Your application to Camp SWONEKY is interpreted as an indication that you subscribe to a high moral, ethical, and Christian approach to life. To give us a clearer picture of your lifestyle and your desire to work at camp, please thoroughly and thoughtfully answer the following questions. Feel free to use additional paper and Scripture to support your answers.

1. Why do you want to work at Camp SWONEKY?

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2. Explain why you are applying for this particular position and include any qualifications or related experiences you have had.

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3. Describe any past experiences you have had working with children.

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4. What contributions do you feel a good camp experience can make to a camper's life?

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5. Describe your personal conversion experience and the present state of your relationship with Jesus Christ.

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6. How do people know that you are a Christian?

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7. Read the camp's Mission Statement and share how you can contribute to helping fulfill the mission.

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**The use of intoxicating beverages, tobacco, or drugs is prohibited while employed by Camp SWONEKY**

- I have read all the information in this application that describes The Salvation Army and its camping ministry. If employed, I agree to support these aims.
- I certify that the answers I have given are true and complete to the best of my knowledge.
- I authorize The Salvation Army to investigate all statements contained in this document. I release The Salvation Army and former employers from any liability that may result from disclosing information related to me.
- I understand that this application does not mean that I am accepted for employment. If after employment, it is discovered that information given is false or misleading I may be discharged.
- I understand that all staff members are required to have criminal background checks.
- I understand that my employment will terminate at the end of the camping season.

Signature \_\_\_\_\_

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

