

2012 CAMP TRINITY NURSE APPLICATION

Return to: Mary Beth Gay
Trinity Center
P.O. Drawer 380
Salter Path, NC 28575
(252) 247-5600
(888) 874-6287

Date of Application_____

Name_____

(Last)

(First)

(Middle)

Social Security Number_____

Telephone Number()_____

Address_____

City_____ State_____ Zip_____

Driver's License Number:_____

List previous years of employment at Camp Trinity_____

Current place of employment_____

Position_____

List the name and location and dates of attendance of last two educational institutions in which you have been enrolled_____

Previous home addresses with applicable dates (list last two):_____

List previous work involving youth (please include location and dates)_____

What is your certification(s) and/or license/number:_____

Do you have a current COMMUNITY FIRST AID/CPR certification? _____
If not, will you be able to receive certification before the summer? _____

What contribution do you think you can make to Camp Trinity? _____

List by name, street, address, telephone number and contact person of your employers for the past 5 years.

Have you had any driver's license or other license (e.g. professional) suspended or revoked? If so, please give full details _____

Have you ever been arrested or charged with driving under the influence? If so, list each arrest and charge, when/where and the outcome. _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation? If so, please explain. _____

Have any formal or informal charges, claims or complaints ever been filed against you for inappropriate sexual behavior? If so, give full details. _____

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of young people? _____

If you are a new applicant please furnish the names of two persons, other than relatives or present/former employers to serve as personal references. Please give these reference forms directly to your references and have them mail the forms to: Mary Beth Gay Trinity Center P.O. Drawer 380 Salter Path, NC 28575

What specialized training in camping, and/or experience in other fields might have a bearing on the position for which you are applying?

Are you available for an interview if required? ____ It is preferable for the interview to be in person; however, if not possible, phone interviews can be arranged. What is the best time to reach you by telephone? _____

Please check on the attached sheet the date of a camp session or sessions in which you might be available to serve as the camp nurse.

Applicant's signature

***All statements become part of any future employee personnel files**

CAMP TRINITY INFORMATION SHEET

Thank you for applying for a staff position at Camp Trinity. Without people like you, our ministry would not be nearly as effective as it has been in the past. We hope the following will answer some of your questions, but feel free to contact the camp office for help or additional information at (252) 247-5600 or (888) 874-6287.

POSITIONS AVAILABLE

Program Coordinator, Activities Coordinator, Assistant Program Coordinator, Music Coordinator, Arts and Crafts Coordinator, Waterfront Coordinator, Lifeguards (Boats and Pool), Counselors and Nurse are available.

LOCATION

Trinity Center is located on Bogue Island, six miles west of Atlantic Beach and twelve miles east of Emerald Isle on the coast of North Carolina. Morehead City is the nearest large town. The address is P.O. Drawer 380, Salter Path, NC 28575.

OPERATION DATES

The season begins with Staff Training on May 26, 2012. The first session begins on June 2nd. The last session ends on August 12th. The season will end on August 13th after the closure of the camp facility. All applicants must be available for these dates of the summer contract.

FACILITIES

Camp Trinity is a part of Trinity Center, which is a conference center and camp supported by the Episcopal Diocese of East Carolina. Camp Trinity has four (4) dormitories that will house twelve (12) staff members and eighty (80) campers. Other staff members are housed in Lagoon housing. Meals will be provided in our dining room. Laundry facilities are available for your use. We also have an athletic field, a covered sports building, arts and crafts room, canteen, swimming pool, beach house, and challenge course. The Center has 62 acres that cover land from the shore of Bogue Sound across the island to the ocean with 1,500 feet of oceanfront.

GENERAL DUTIES OF CAMP STAFF

COUNSELORS will have charge of ten (10) campers each. Your general duties will generally involve the well being of the campers under your charge. You will be expected to lead and organize activities ranging from worship to group games. Those who have talents in certain areas will be expected to teach campers in the areas that you have talent and have expressed a desire to teach. Counselors do assist in teaching swimming, sailing and canoeing lessons.

The **CAMP NURSE** will be expected to carry our medical duties as needed by the camp.

The **WATERFRONT COORDINATOR AND LIFEGUARDS** will be expected to organize the waterfront activities (pool, sound and beach) as well as teach swimming, canoeing and sailing (sunfish). They also take responsibility for the care and maintenance of the equipment. The Waterfront Staff also works with other areas of the program.

The **ARTS AND CRAFTS COORDINATOR** will be responsible for teaching arts and crafts to cabin groups daily as well as providing coordination and integration of other arts activities in the camp as needed.

The **PROGRAM COORDINATOR** will be responsible for program planning and implementation of daily camp activities. This will involve programming in areas such as: games, shareshops, special events, Christian Education, worship, music, and sports.

The **ACTIVITIES COORDINATOR** will be responsible for the coordination of our daily shareshops, challenge course, and general program activities.

The **MUSIC COORDINATOR** will be responsible for leading and organizing music with the campers daily as well as providing support and coordinating music for worship and Christian Education.

NOTE: All Coordinator positions (except Arts and Crafts) will support the Waterfront sailing program daily.

TIME OFF

Our sessions generally are seven (7) days in length. Between each session there is usually a one or two-day break at which time members of the staff will be given time off. This time is determined by the Camp Director.

GOALS OF CAMP TRINITY

- To provide a Christian camping experience that is diverse, inclusive, nurturing, loving, and affirming, while challenging each person to be responsible to and for the other.
- To build and live in an intentionally Christ-centered community so that each camper might gain a deeper understanding of and appreciation for his/her own skills, abilities, and gifts as a child of God.
- To develop a sense of thankfulness for and stewardship of God's creation.
- To provide a quality Christian Education experience.

QUALIFICATIONS

The **PROGRAM COORDINATORS** must have at least one year of college and possess leadership skills. (Program Coordinator, Activities Coordinator, Music Coordinator and Arts and Crafts Coordinator.)

The **NURSE** must have an RN degree.

The **ARTS AND CRAFTS COORDINATOR** must have experience in teaching and be creative in planning and implementing arts programming in camp.

COUNSELORS must be high school graduates and/or 18 years of age. This position seeks individuals with excellent skills in the care and support of children in the camping program.

The **WATERFRONT LIFEGUARDS** must have experience in teaching swimming, water safety, canoeing and sailing. The lifeguards must have up-to-date Water Safety Instructor Certificate and/or a "Lifeguard Training Today" Certificate from the American Red Cross. WSI's/"Lifeguard Training Today" Certificates are needed for the pool positions and a "Lifeguard Training Today" Certificate is needed for the boating program. All lifeguards must have also completed the Boater's Safety Course. Sailing Certification is also desired for the boating program.

All staff positions are encouraged to have "Lifeguard Training Today" Certificates since all staff are involved in teaching swimming, sailing and canoeing classes and provide waterfront coverage to campers.

We hope that you would come to us with some experience working in a Christian setting with young people; however, it is not a necessity. Teaching and outdoor skills are welcome, but again are not necessary. We also need people who are in good physical condition, who learn rapidly, who like and respect young people, and who affirm camper potential. Staff also need to be eager to work hard and long hours. They must be able to adapt to change and handle difficult situations. Camp is indeed a place where staff can share and grow in their leadership qualities.

PAY

The salaries for the positions will be announced at time of contracting with staff for the summer season. **All include your room and board.** All salaries vary and are subject to the standard taxes.

CAMP TRINITY, C/O MARY BETH GAY, DIRECTOR
REFERENCE QUESTIONNAIRE...CONFIDENTIAL
P.O. DRAWER 380, SALTER PATH, NC 28575
(252)247-5600 OR (888)874-6287

Your name has been given as a reference by _____ (the applicant) who submitted an application to work as an employee with Camp Trinity. We would appreciate your completing this form and returning it in the enclosed envelope so that we may make a decision on the applicant's ability to fulfill this commitment. All information will be confidential. Thank you.

(Signature of person requesting the reference)

Please rate the applicant objectively, indicating your opinion by an X.

Integrity __Superior __Above Average __Average __Below Average

Intellectual Attainment __Superior __Above Average __Average __Below Average

Emotional Stability __Superior __Above Average __Average __Below Average

Social Concern __Superior __Above Average __Average __Below Average

Cooperative Attitude __Superior __Above Average __Average __Below Average

Initiative __Superior __Above Average __Average __Below Average

Appearance __Superior __Above Average __Average __Below Average

Leadership Capacity __Superior __Above Average __Average __Below Average

1. How long have you known the applicant? _____
In what capacity? _____

2. Describe the applicant's reliability and willingness to make a commitment such as this. _____

3. What is this person's maturity of judgment? How does this person react in situations of stress or when making decisions? _____

4. Are you aware of any problems that would limit the applicant's ability to fulfill this obligation? If yes, please explain. _____

5. Are you aware of any problems or concerns that should limit or preclude this individual from working with children? _____
If yes, please explain. _____

6. Would you recommend the applicant for placement in a setting such as ours? _____
Or, do you feel he/she may be more suited for another type of position? If so, why?

7. Are you aware of any time at which the applicant's driver's license or other license (e.g., professional) has been suspended or revoked? If so, give full details.

8. Are you aware whether the applicant has ever been arrested or charged with driving under the influence? If so, please give full details known to you.

9. Are you aware whether the applicant has ever been convicted of child abuse or a crime involving actual or attempted sexual molestation? If so, Please explain.

10. Are you aware of any formal or informal charge, claim, or complaint ever having been made that the applicant has engaged in inappropriate sexual behavior? If so, please explain. Please note that this question does NOT seek any information concerning the sexual orientation of the applicant. _____

11. Is there any fact or circumstance about the applicant's background that would call into question the advisability of entrusting the applicant with the supervision, guidance, and care of young people? _____

12. Are you aware of any other information that would bear upon the appropriateness of the applicant's involvement in Camp activities? If so, please explain. _____

Other comments: Please feel free to call us at (888) 874-6287 or (252) 247-5600 if you have any additional information you feel would be helpful in our making this decision. (Please use the bottom portion of this application if there is any information you wish to give, or comments about the applicant's character, personality or experience).

Date: _____

Signature: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

PLEASE RETURN THIS REFERENCE TO:

MARY BETH GAY
CAMP TRINITY
P.O. DRAWER 380
SALTER PATH, NC 28575

CAMP TRINITY, C/O MARY BETH GAY, DIRECTOR
REFERENCE QUESTIONNAIRE...CONFIDENTIAL
P.O. DRAWER 380, SALTER PATH, NC 28575

(252)247-5600 OR (888)874-6287

Your name has been given as a reference by _____ (the applicant) who submitted an application to work as an employee with Camp Trinity. We would appreciate your completing this form and returning it in the enclosed envelope so that we may make a decision on the applicant's ability to fulfill this commitment. All information will be confidential. Thank you.

(Signature of person requesting the reference)

Please rate the applicant objectively, indicating your opinion by an X.

Integrity __Superior __Above Average __Average __Below Average

Intellectual Attainment __Superior __Above Average __Average __Below Average

Emotional Stability __Superior __Above Average __Average __Below Average

Social Concern __Superior __Above Average __Average __Below Average

Cooperative Attitude __Superior __Above Average __Average __Below Average

Initiative __Superior __Above Average __Average __Below Average

Appearance __Superior __Above Average __Average __Below Average

Leadership Capacity __Superior __Above Average __Average __Below Average

1. How long have you known the applicant? _____
In what capacity? _____

2. Describe the applicant's reliability and willingness to make a commitment such as this. _____

3. What is this person's maturity of judgment? How does this person react in situations of stress or when making decisions? _____

-
4. Are you aware of any problems that would limit the applicant's ability to fulfill this obligation? If yes, please explain. _____

 5. Are you aware of any problems or concerns that should limit or preclude this individual from working with children? _____
If yes, please explain. _____

 6. Would you recommend the applicant for placement in a setting such as ours? _____
Or, do you feel he/she may be more suited for another type of position? If so, why?

 8. Are you aware of any time at which the applicant's driver's license or other license (e.g., professional) has been suspended or revoked? If so, give full details.

 8. Are you aware whether the applicant has ever been arrested or charged with driving under the influence? If so, please give full details known to you.

 9. Are you aware whether the applicant has ever been convicted of child abuse or a crime involving actual or attempted sexual molestation? If so, Please explain.

 10. Are you aware of any formal or informal charge, claim, or complaint ever having been made that the applicant has engaged in inappropriate sexual behavior? If so, please explain. Please note that this question does NOT seek any information concerning the sexual orientation of the applicant. _____

11. Is there any fact or circumstance about the applicant's background that would call into question the advisability of entrusting the applicant with the supervision, guidance, and care of young people? _____

12. Are you aware of any other information that would bear upon the appropriateness of the applicant's involvement in Camp activities? If so, please explain. _____

Other comments: Please feel free to call us at (888) 874-6287 or (252) 247-5600 if you have any additional information you feel would be helpful in our making this decision. (Please use the bottom portion of this application if there is any information you wish to give, or comments about the applicant's character, personality or experience).

Date: _____

Signature: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

PLEASE RETURN THIS REFERENCE TO:

MARY BETH GAY
CAMP TRINITY
P.O. DRAWER 380
SALTER PATH, NC 28575