

STAFF Application



Please answer all questions and return your application to office@campgoodnews.org or
Camp Good News, P.O. Box: 1295, Forestdale, MA 02644, USA

LAST NAME

FIRST NAME

MIDDLE NAME

TODAY'S DATE

DATE OF BIRTH

AGE WHILE
AT CAMP

MALE

FEMALE

Optional
Section

HEIGHT

WEIGHT

Permanent or Home Address

ADDRESS

CITY

STATE

ZIP

COUNTRY

EMAIL

*Please download or attach
a photo of the applicant.*

Note: Upload photos only in **PDF** format.

Applying for position as:

- COUNSELOR
- JUNIOR COUNSELOR (17-18 yrs)
- WATERFRONT DIRECTOR
- BOATING DIRECTOR
- KITCHEN WORKER
- MAINTENANCE
- NURSE
- OTHER

Current Status

SSN #

MARITAL
STATUS

U.S. CITIZEN

YES

NO

YOU'RE CURRENTLY IN

HIGH SCHOOL

COLLEGE

OTHER

NAME OF SCHOOL/OCCUPATION

SCHOOL ADDRESS

YEAR

DEGREE

MAJOR

MINOR

Emergency Contact Person

LAST NAME

FIRST NAME

RELATIONSHIP

HOME #

CELL #

EMAIL

About the Applicant

HOBBIES AND VOCATIONAL GOALS

LIST PAST POSITIONS AND RESPONSIBILITIES, ADDITIONAL TRAINING, EXPERIENCE, OR CERTIFICATIONS THAT WOULD QUALIFY YOU FOR EMPLOYMENT

WHERE DO YOU CURRENTLY ATTEND CHURCH?

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR CHRISTIAN PILGRIMAGE

[Empty text box for Christian pilgrimage description]

Applicant's Miscellaneous Information

DO YOU SMOKE, DRINK ALCOHOLIC BEVERAGES OR USE HALLUCINATING DRUGS? YES NO

ARE YOU WILLING TO ABSTAIN FROM BOTH SMOKING AND ALCOHOL DURING YOUR TIME AT CAMP? YES NO

HOW DID YOU HEAR ABOUT CAMP GOOD NEWS?

[Empty text box for hearing about Camp Good News]

HAVE YOU PERFORMED GROUP WORK WITH CHILDREN ASIDE FROM CAMPING? YES NO IF YES, PLEASE DESCRIBE BELOW.

[Empty text box for group work with children]

In order to know you better please list three references who know you well. We recommend former employers, ministers, priests, teacher, counselors, scout leaders or other adults except for personal friends of family members. Copy, sign and give the reference forms to them with a stamped envelop address to Camp Good News, P. O. Box 1295, Forestdale, MA 02644.

Three reference form sections, each with fields for NAME, ADDRESS, PHONE #, EMAIL, and RELATIONSHIP.

PLEASE CHECK ALL THE CAMP ACTIVITIES THAT YOU'RE QUALIFIED TO ASSIST (1ST BOX), AND THE ONES YOU'RE QUALIFIED TO LEAD (2ND BOX)

Activity selection grid with checkboxes for ARCHERY, ARTS & CRAFTS, BIKING, GUITAR, LOW ROPES, MUSIC, NATURE, SAILING, SINGING, SKIT PLANNER, SWIMMING, TENNIS, and OTHER.

Certifications

DO YOU HAVE CURRENT CERTIFICATIONS IN ANY OF THE FOLLOWING?

Certification checkboxes for ARCHERY, BUS DRIVER LICENSE, LIFEGUARD TRAINING, ROPES, SAILING, and WATER SAFETY INSTRUCTOR.

WHICH ONES WOULD YOU BE WILLING AND ABLE TO BE CERTIFIED IN?

[Empty text box for certification preferences]

I, the applicant, understand and agree that:

1. The facts set forth in my application in its entirety are true and complete. I understand that false statements on this application shall be considered sufficient for dismissal or discontinued employment consideration.

2. Camp Good News may make a thorough investigation of my application and contact my previous employers and personal references listed for the purpose of evaluating my qualifications for employment. I fully understand that Camp Good News will conduct a criminal background check before I can work on staff.

WHEN WILL YOU BE AVAILABLE? [Empty text box]

Signature [Empty signature line] DATE [Empty date box]

APPLICANT SIGNATURE [Empty signature box]

Thanks for taking the time to fill this out!