



Returning Summer Staff Application

PERSONAL INFORMATION

Name: _____
Last First Middle

Social Security Number: _____ E-Mail: _____

Present Address: _____
Address City State Zip Code

Phone: () _____ Cell Phone: () _____

Permanent Address: _____
Address City State Zip Code

Phone: () _____ Age: _____ Birthdate: ____/____/____

Are you a citizen of the U.S.? _____ If not, what certification do you have to work in the U.S.? _____

Gender _____ Marital Status: _____ T-Shirt Size: _____

Driver's License #: _____ State: _____

Do you have a criminal record? _____ If yes, attach explanation.

Do you have any traffic violations on your current driving record? _____ If yes, attach explanation.

Have you ever been denied the opportunity to work with children? _____ If yes, attach explanation.

Parent or Guardian: _____ Phone: () _____

EDUCATION

Colleges/Universities/Technical Schools: List your most recent first.

1. _____
Name of School City State

Dates Attended Field of Study Degree Received

2. _____
Name of School City State

Dates Attended Field of Study Degree Received

CHRISTIAN EXPERIENCE

Is Jesus Christ your Lord and Savior? _____ What church do you attend? _____

Pastor Name: _____ Phone: () _____ How long at this church? _____

Please answer the following questions as honestly as possible.

1. Why are you reapplying to serve at Covenant Heights?

2. Please give a statement of your personal faith.

3. Describe your walk with Christ since last summer?

4. How would you describe the plan of salvation to a camper?

5. What would you do differently if you were rehired?

WORK & MINISTRY EXPERIENCE

EMPLOYMENT RECORD: List a current employer, if you have one.

Employer	Position	Dates
Address	City	State
	()	Phone

LEADERSHIP/MINISTRY EXPERIENCE: List a leadership or ministry experience you are currently involved in.

Organization	Position	Dates
Age Group Served	Supervisor	Phone

CERTIFICATIONS: Check off any and all certifications that you currently hold.

First Aid CPR Lifeguard WSI EMT RN LPN
 CDL WFR WFA CPR-PR Other: _____

S K I L L S & I N T E R E S T S

Rate your experience and/or interest in any of the areas listed below.

“L” = Leader (I have had experience and am able to lead this activity with little or no guidance)

“E” = Experience (I have some experience with this activity)

“I” = Interest (I do not have experience, but am interested in learning more about this activity)

<input type="checkbox"/> Ropes Course	<input type="checkbox"/> Archery	<input type="checkbox"/> Cooking	<input type="checkbox"/> Worship Leading
<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Singing
<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Crafts	<input type="checkbox"/> Photography	<input type="checkbox"/> Guitar
<input type="checkbox"/> Survival Techniques	<input type="checkbox"/> Boating	<input type="checkbox"/> Video Production	<input type="checkbox"/> Piano
<input type="checkbox"/> Orienteering	<input type="checkbox"/> Fishing	<input type="checkbox"/> Teaching	<input type="checkbox"/> Other Instrument _____
<input type="checkbox"/> Hiking	<input type="checkbox"/> Team Sports	<input type="checkbox"/> Administration	<input type="checkbox"/> Drama
<input type="checkbox"/> Nature	<input type="checkbox"/> Campfire Programs	<input type="checkbox"/> Youth Work	<input type="checkbox"/> Sound Equipment

Other Specific Interests or Skills: _____

P O S I T I O N P R E F E R E N C E

Please number your first three preferences.

<input type="checkbox"/> Program Assistant/SLT Counselor - Male	<input type="checkbox"/> Adventure Camp Counselor	<input type="checkbox"/> Maintenance
<input type="checkbox"/> SLT Leader - Female	<input type="checkbox"/> Traditional Camp Counselor	<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Worship Coordinator	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Office Assistant
<input type="checkbox"/> Activities/Ropes Staff	<input type="checkbox"/> Kitchen Staff	<input type="checkbox"/> Photo/Videographer
	<input type="checkbox"/> Lead Cook	<input type="checkbox"/> Store Manager

I am willing to serve in any position I am interested in serving only in my job preferences

A V A I L A B L E D A T E S

I am able to begin work on ____ / ____ / ____ I must leave work on ____ / ____ / ____

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in section 18-8-503, C.R.S, and, upon conviction thereof, shall be punished accordingly.

Signature: _____ Date: _____

Applications will be processed in the order received. Interviews will begin February 19. To ensure you are considered for your first choice position, please turn in your application as soon as possible.

Please mail applications to:

Covenant Heights Camp and Retreat Center
 7400 Highway 7 Estes Park, CO 80517
 Phone: (970) 586-2900 Fax: (970) 586-2946
 Website: www.CovenantHeights.org E-mail: Robin@CovenantHeights.org