



Leadership Team

Thank you for your interest in being a counselor this summer at Camp Connect. To help ensure your gifts and talents are matched to our appropriate needs, please carefully complete the information on the following pages. Please return the application to me at the Office of Connectional Ministries by January 18, 2011.

Those selected to serve as 1st year counselors will report on May 29, 2012. There are some exciting changes this summer, which should make the experience even more meaningful. However, this is certainly no easy undertaking. Please pray carefully about your call to join us.

SUMMER SCHEDULE

May 28	2 nd Year LT Arrives
May 29	1 st Year LT Arrives
May 29 - June 8	Training
June 11 - 15	Mid High Mania I
June 18 - 22	Mid High Mania II
June 25 - June 29	Elementary I
June 29 - July 1	Parents Weekend
July 2 - July 6	Staff Retreat
July 9 - 13	Elementary II
July 16 - 20	Elementary III
July 22	Final Day

PAY SCALE

First Year	\$2000
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Counselors will receive \$50 at the end of each week to cover meals and other expenses throughout the weekend. The remainder of their pay will be received in one lump sum at the completion of the summer. Lodging is provided throughout the summer, while all meals throughout the week are covered. If you have any questions feel free to call me at (888) 266-7642 or email me at jim@sgaumc.com

I hope to hear from you very soon.

Jim Towson

**Please attach a
clear picture of
yourself.**

2012 Leadership Team APPLICATION



St. Simons Island, Georgia

PERSONAL DATA

Name in full _____
(last) (first) (middle)

Preferred Name _____ Gender _____ Age as of May 1, 2008 _____

Birth date _____ Social Security # _____ T-shirt size S M L XL XXL

College Address _____

Home Address _____

College Phone _____ Home Phone _____

E-mail Address _____ Cell Phone _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Father's Work Phone _____ Mother's Work Phone _____

Names and ages of siblings _____

List all COUNTIES and STATES lived in since age 16 _____

When and where are you available for an interview? _____

EDUCATION

HIGH SCHOOL

High School Attended _____

Year Graduated _____

Grade Average _____

COLLEGE

College Attended _____

of College Years Completed by This May _____

Grade Average _____

Major _____

Last Day of the Spring Semester _____

PAST EMPLOYMENT

Dates	Employer Name & Address	Telephone #	Position Held	Reason for Leaving
		()		
		()		

EXPERIENCES AND ACTIVITIES

Type of Activity	Type of Organization	Were you a leader or officer? If yes, list position(s) held.
Social Service (Hospital, Nursing Home, etc.)	_____	_____
Youth (YMCA, Scouts, 4-H, etc.)	_____	_____
Civic or Community	_____	_____
Social or Recreational	_____	_____
Religious and Humanitarian	_____	_____
Political (Local, state or national)	_____	_____
Student and related groups	_____	_____
Other (Specify)	_____	_____

Which of the above activities was most meaningful to you? Why?

Describe any specific training and experience you have had in working with:

4th, 5th and 6th graders _____

7th and 8th graders _____

9th – 12th graders _____

ACQUIRED SKILLS

Have you received certified First Aid or CPR training? _____ If yes, list expiration date _____

Are you a certified lifeguard? _____ If yes, list expiration date _____

Do you have a valid Class 3 license to drive a van? _____

(Include copies of certifications with this application)

List three personality or character traits in both categories below that you believe typically describe you.

STRENGTHS	WEAKNESSES
1.	1.
2.	2.
3.	3.

Mark the following activities using the following scale:

1 = no knowledge or experience

2 = can do

3 = can do well and teach

_____ First Aid

_____ Recreation

_____ Bilingual

_____ Piano

_____ Art

_____ Teaching

_____ Guitar

_____ Audio/Visual Equipment

_____ Dance

_____ Singing

_____ Swimming

_____ Drama

_____ Leading Worship

_____ Ropes Course

_____ Computer

_____ Photography

_____ Sign Language

_____ Carpentry

_____ Bible Study

_____ Other

_____ Other

CHURCH AFFILIATION

Are you a church member? Yes No What church? _____

Do you attend church regularly? Yes No Where? _____

Are you active in a campus ministry organization? Yes No Which one? _____

The United Methodist Church is an inclusive church. This means that through the camping program we will be ministering to all kinds of children and youth, representing various ethnic groups, lifestyles, and family backgrounds. The United Methodist Church believes that all Christians are called to ministry, and both men and women are ordained as ministers in the United Methodist Church. Are you willing to be a part of the Leadership Team, understanding that your ministry must be inclusive? Yes No

STATEMENT OF FAITH

On a separate sheet of paper, write your Christian autobiography, noting experiences, persons and ideas that have helped shape your life as a Christian, incorporating a statement of your faith.

STATEMENT OF DESIRE TO SERVE AS HEAD COUNSELOR

On a separate sheet of paper state why you wish to serve as on the Leadership Team, indicating what you can offer and what you would like to learn.

ADDITIONAL QUESTION (use a separate piece of paper)

- A) Describe what you would look forward to most about being on the Leadership Team this year.
- B) What are some successful ways to minister to children in today's world that you have observed?
- C) What areas of your leadership would you like to grow in over the summer?

HEALTH AND HEALTH STATEMENT

Have you ever been hospitalized for physical problems? Yes No If yes, explain: _____

Have you ever been hospitalized for mental or emotional problems? Yes No If yes, explain: _____

Have you ever been hospitalized for drug or alcohol use? Yes No If yes, explain: _____

Do you have any chronic ailments? _____ Physical disabilities? _____

Do you have any pre-existing conditions? _____

Are you subject to fainting spells? _____ Do you fatigue easily? _____

Are you currently taking prescriptions medication? Yes No If so, please specify: _____

In the event of any illness or accident while participating as a Leadership Team member, I hereby give my permission for any necessary medication, hospitalization, or surgery. I understand that decisions concerning proper course of action will be made by _____ (name of applicant) and the Director, in consultation with a physician. The family will be contacted at the earliest possible moment.

_____ (name of applicant) is medically fit to participate as a Leadership Team member.

Applicant Signature _____ Date Submitted _____

Parent's Signature _____ Date Submitted _____

LEGAL

Have you ever been arrested or convicted for any violation of criminal law other than a traffic violation? Yes No

Have you ever been involuntarily discharged from a job? Yes No

Have you ever been convicted of a child abuse or sexual abuse offense? Yes No

If your answer to any of the above is yes, please explain. _____

AUTHORIZATION

Please read each paragraph carefully.

By my signature placed below, I affirm that the information provided in this employment application is true and complete. I understand that if employed, any false information or omissions shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate agreed upon, for services actually rendered. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in the rejection of my application or discharge at anytime during my employment. I agree to immediately notify the Connectional Ministries Office if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired.

I authorize the investigation of all statements contained in this application. I also authorize the Connectional Ministries Office to contact my present employer (unless otherwise noted in this application form), past employers, listed references and other references that might know of my qualifications for employment, and I release such persons and organizations from any legal liability in making statements to the Connectional Ministries Office. I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, training, certifications, professional credentials, driving record, substance abuse, child abuse, sex-related offenses, and/or criminal history.

In the event of my employment with the Connectional Ministries Office, I agree to comply with all rules, regulations, and policies of the Connectional Ministries Office, relating to summer resident staff, and I also agree to abide by the authority of the Camp Director. I understand that the use of alcohol, tobacco, and illegal drugs is strictly prohibited during employment.

I understand this application does not, by itself, create a contract of employment, and that no person is authorized to change any of the terms mentioned in this employment application form.

I understand that by accepting a position with the Connectional Ministries Office, I will be committing myself to a position of service, and my behavior and attitude will be examined in terms of my modeling Christ to others. I hereby acknowledge that I have read and understand the preceding statement.

Applicant's Printed Name

Applicant's Signature

REFERENCES

This application will not be complete until three (3) references (located at the end of the application) are submitted to the Connectional Ministries Office. One reference must come from your pastor. Please submit another pastor's recommendation if your parent is your pastor. References from any relative will not be accepted. References should be sent separately from your application to:

**Jim Towson, Camp Director
South Georgia Conference Connectional Ministries
P. O. Box 20408
St. Simons Island, Georgia 31522**

OTHER REFERENCES

On this page, **list three other persons** who could be contacted as references. This could include campus minister, person for whom you have worked, or teacher. This does not include parents or other relatives. Please list their name, address and phone number. ***This portion of your application is very important.***

1. _____
Name Street Address City Zip

_____ Work Phone Home Phone Relationship to Applicant

2. _____
Name Street Address City Zip

_____ Work Phone Home Phone Relationship to Applicant

3. _____
Name Street Address City Zip

_____ Work Phone Home Phone Relationship to Applicant

FOR OFFICE USE ONLY

References Contacted:

1. Name: _____ Date: _____
Comments: _____

2. Name: _____ Date: _____
Comments: _____

3. Name: _____

Date: _____

Comments: _____

SUMMER STAFF CONFIDENTIAL REFERENCE FORM

Applicant Name: _____

Position Applied For: _____

The above named person has applied for a position as Counselor for the summer of 2012 with the South Georgia Conference Camps on St. Simons Island, Georgia. The South Georgia Conference of the United Methodist Church seeks to find qualified, college-aged students with a heart for children and youth and a love for Christ. Your honest observations of the applicant will greatly help our efforts in finding the right person for the job. Thank you for your time in supplying this information.

PERSONAL REFERENCE

Name: _____

Title: _____

Address: _____

Phone Number: _____

E-mail Address: _____

How long have you know the applicant: _____

In what capacity? _____

Please rate the applicant by checking the appropriate box.

QUALITIES	SUPERIOR	VERY GOOD	GOOD	FAIR	POOR	UNABLE TO OBSERVE
<i>Spiritual Commitment</i>						
<i>Accepts Supervision</i>						
<i>Communication Skills</i>						
<i>Creativity</i>						
<i>Emotional Stability</i>						
<i>Flexibility</i>						
<i>Leadership Skills</i>						
<i>Teamwork/Cooperation</i>						
<i>Trustworthiness/Honesty</i>						
<i>Ability to work with children & youth</i>						
<i>Energy Level</i>						
<i>Health/Physical Condition</i>						
<i>Sense of Humor</i>						
<i>Promptness</i>						
<i>Willingness to Serve</i>						

Would you allow your child to be under the supervision of this applicant? _____

What are the person's major strengths? _____

What are the person's major weaknesses? _____

Would you recommend the acceptance of this applicant as a summer camp staff member? ____ Yes ____ No

Please write any further comments you may have on the back.

Please return this evaluation to:

Jim Towson, Camp Director / P.O. Box 20408 / St. Simons Island, GA 31522 or Fax # 912-638-5258

SUMMER CAMP POLICIES

Sponsored by the South Georgia Conference

Because at camp we are a community of persons living, working and sharing together 24 hours a day, there is need for boundaries within our community of which we are all aware and which we understand. Following are some general staff policies and guidelines that are applicable to all staff. Further and more specific policies will be discussed during training.

- Counselors are responsible for the care of their campers from the time a camper arrives at camp until the camper departs.
- Counselors must be able to participate in all games and activities with children.
- All staff will be in their cabins with lights out at whatever time the campers have lights out each week. Under no circumstances will a staff member "wander" through the camp or visit any other cabin.
- Personal staff vehicles shall be parked in designated areas and not moved until the close of camp each week.
- Cell Phones, Pagers, TVs, Electronic Games, personal CD player, etc. are not allowed without authorization by Director or while campers are present.
- Personally owned musical instruments, sports equipment, etc. must be plainly labeled with identification and with regard to use by others. The owner assumes all risks.
- Staff members are expected to be on time for all staff meetings. Any staff member who is habitually late for work assignments may be dismissed.
- Regarding sickness, if a staff member is considered too weak to work (experiencing fever, nausea or diarrhea), he/she will be pulled from duty. If condition persists more than 24 hours, the staff member will be sent home to recover.
- All staff are required to participate in scheduled camp evaluations and camp clean-ups at the end of each week and at the end of the season.
- Camp owned equipment may be used only by authorized personnel during events sponsored by the Camp.
- The swimming pool is closed to all personnel except during designated swimming periods.
- Staff members are expected to be good stewards of all camp equipment, supplies and food.
- Visitors are welcomed during the designated Parents Weekend. Any other visitation is discouraged unless outlying circumstances are cleared through the Camp Director.
- Emergency leave may be granted in the case of critical illness or death in the immediate family. Time granted will vary with the circumstances at the discretion of the Camp Director, but will not exceed three days with pay.
- When a staff member is required to use a personal vehicle for camp business, the staff member will be reimbursed for the mileage at the applicable South Georgia Conference rate per mile.
- Dating relationships among camp counselors are discouraged during the time of employment. Any relationship that, in the opinion of the Camp Director, impacts the welfare of the camping ministry or the Leadership Team dynamics will lead to disciplinary action up to and including the termination of the involved persons.

- The following will not be tolerated in the workplace, and will result in immediate disciplinary action, up to and including termination:
 - Sexual harassment
 - Tobacco use of any kind
 - Use of profanity
 - Possession or use of alcohol or illegal drugs
 - Possession or use of a firearm, explosive or other weapon
 - Possession or use of pornographic material
 - Visits by male & female staff in another's rooms

- All staff members are required to maintain as neat and safe an appearance as possible. Since summer camping ministry is a childcare ministry, the confidence of the parents of our campers is extremely important to our ministry. Therefore, specific appearance related concerns are addressed in detail.
 - While on duty, body piercing jewelry attached other than to the ear, which would otherwise be visible, must be camouflaged to the satisfaction of the camp director or be removed. All body piercing jewelry posing a safety concern (i.e. loops, dangles) must be removed or replaced. Due to health and safety considerations, staff members shall not obtain new body piercing or tattoos during their period of employment.
 - Hair color is to be kept within the range of natural hair color tones.
 - The Camp Director reserves the right to ask that tattoos be kept covered.
 - Clothing with profane slogans or slogans related to tobacco, alcohol or drug use shall not be worn.

The final interpretation of appearance issues resides with the Camp Director/Executive Director.

Conditions of severance: Employee agrees that any work-related grievances shall be brought to the attention of the employee's supervisor. The South Georgia Conference reserves the right to terminate this agreement with a one week written notice from the employee's supervisor, as well as reserving the option to pay any terminated employee for the notice period rather than have that employee remain at the campsite.

I have read the stated policies and guidelines and agree to abide by them during my time of employment.	
_____ Signature	_____ Date