



Dear Applicant,

Tidal River Christian Camp is looking for responsible summer counselors. If you have a desire to be a positive influence in the lives of young people, Tidal River offers a wonderful opportunity to make a difference. Our 2016 Camping Season runs from June 26th to July 23rd, each week begins on Sunday afternoon and ends Saturday morning. The first two weeks will be Junior weeks, followed by two Senior weeks. Counselors have the option of working one to four weeks. Counselors receive a stipend for each week they work.

The role of counselor at Tidal River will require commitment to the following:

- Willingness to accept the responsibility for 24 hour care of campers, ranging in ages 8 to 18 years old, 7 days per week
- Ability to be a positive example, mentor, and spiritual leader
- Willingness to lead cabin devotionals
- Ability to resolve problems and diffuse situations
- Ability to react appropriately and promptly to emergencies
- Ability to work independently, as well as easily and productively with others
- Ability to work cooperatively with supervisory staff
- Have a servant attitude
- Enjoy working with youth

If you feel you possess the above characteristics, we encourage you to complete the attached application.

If you wish to be considered, the TRCC Counselor Committee needs to receive your application and 3 references by April 19<sup>th</sup>. Counselors chosen will be notified by May 23<sup>rd</sup>.

Counselors will be required to attend one of two weekend Counselor Orientations that take place the weekend before the first Junior week and the first Senior week of camp. Counselor Orientation is mandatory for all counseling staff, plan to be available. If for some reason you are unable to attend all or part of either Counselor Orientation, you must contact Theresa Morrissey to discuss your particular circumstance.

For more information visit our website (<http://www.TidalRiverChristianCamp.com>) or contact Theresa Morrissey ([littlefinn05@yahoo.com](mailto:littlefinn05@yahoo.com)).

-TRCC Board of Directors



Received on: \_\_\_\_\_

**2016 Volunteer Staff Application**

**Please attach a recent photo**

Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ College Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Area Code/Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best day of the week and time to reach you for an interview: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ # of Children \_\_\_ Ages of children \_\_\_\_\_

Have you ever been convicted or accused of a crime? Y or N If yes, please explain:

\_\_\_\_\_

**Camp Involvement:**

Last camp you attended or worked at: \_\_\_\_\_

Dates: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

**Church Involvement:**

Home Congregation: \_\_\_\_\_

Congregation Phone #: \_\_\_\_\_ Minister Name: \_\_\_\_\_

Do You Attend Regularly? \_\_\_\_\_ Baptized Believer? \_\_\_\_\_

Have long have you been a Christian? \_\_\_\_\_

Church Related Activities: \_\_\_\_\_

\_\_\_\_\_

Please check if you hold any of these Red Cross Certifications: \_\_\_ CPR \_\_\_ First Aid \_\_\_ Lifeguard

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

Do you have the ability to perform all the requirements of the job for which you have applied? Y or N

**REFERENCES:**

Please provide us with 4 references. At least one must be an elder or minister of your home congregation, or a college Bible professor. **Three of your references must fill out the attached reference form** and mail in directly with envelope seal signed.

\*\*\*Applications will not be processed until both reference forms have been received\*\*\*

1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

4) Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Please indicate the position you are applying for: \_\_\_ Kitchen Staff \_\_\_ Arts & Crafts Staff \_\_\_ Nurse  
\_\_\_ Activities Director \_\_\_ Lifeguard \_\_\_ Bible Teacher \_\_\_ Counselor \_\_\_ Counselor In Training

Please indicate the camp weeks you are willing to serve:

\_\_\_\_\_ Junior Week 1 (June 26 – July 2)

\_\_\_\_\_ Senior Week 1 (July 10 – July 16)

\_\_\_\_\_ Junior Week 2 (July 3 – July 9)

\_\_\_\_\_ Senior Week 2 (July 17 – July 23)

**Important:**

Send this form in ASAP with your commitment to serve and we will contact you shortly. We must have three reference forms filled out (example pgs. 3-5) and we will need to have every new staff member go through a background check as required by the State of Massachusetts. Please contact the appropriate Area Head if you have any questions regarding the volunteer position you are applying for:

**ARTS AND CRAFTS**

Alison Nadeau  
H (860) 875-8164  
Leave a message

Susanne Lavoie  
(203) 284-8770

**BIBLE TEACHERS**

Tom Holmes – Jr. weeks  
(203) 903-5037 Home  
(203) 317-1943 Cell

Tim Tarbet -Sr. weeks  
(860) 210-8100

Bud Fenner  
(203) 265-2787

**ACTIVITIES DIRECTORS**

Melissa Fenner  
(203) 284-8949

**COUNSELORS & CIT's**

Theresa Morrissey  
(203) 808-7767

John Wooding  
(203) 848-5985

**KITCHEN**

John Wooding  
H (203) 265-3092

Roger Lavoie  
(401) 294-4432

**LIFEGUARD**

Jeremy Sanzone  
(860) 584-5357

**NURSE**

Erin Sanzone  
(860) 582-7969

**CLEAN UP CREW**

**(Jul 27 – Jul 28)**  
(203) 213-6517

**CANTEEN DONATIONS**

Roger Lavoie  
(203) 284-8770

**If you have any general questions regarding Tidal River camp, please contact:**

**Patrick Keller**  
**President of the TRCC Board of Directors**  
65 Lakeside Drive  
Bridgeport, CT 06606  
[questions@trcc.info](mailto:questions@trcc.info)

**PERSONAL EVALUATION**

Please place an "X" on the line scale where you see yourself in each of the following categories.

	Lowest	Highest
TEACHABLE	_____	
PROMPT	_____	
FOLLOWS INSTRUCTIONS	_____	
OUTGOING	_____	
EMOTIONALLY BALANCED	_____	
CAPACITY TO WORK WITH CHILDREN	_____	
CAPACITY TO WORK WITH YOUTH	_____	
FULFILLS OBLIGATIONS	_____	
SENSE OF HUMOR	_____	
TEMPER CONTROL	_____	
FOLLOW-THROUGH ABILITY	_____	
ENTHUSIASTIC	_____	
TRUSTWORTHY	_____	
GETS ALONG WITH OTHERS	_____	
TACT	_____	
LEADERSHIP ABILITY	_____	
FRIENDLY	_____	

What is your strongest character quality? \_\_\_\_\_ Weakest? \_\_\_\_\_

**Please check the activities below in which you feel that you could lead campers – teaching, directing the activity, etc.**

**Crafts:**

- Sewing
- Painting
- Jewelry Making
- Woodwork
- Drawing
- Ceramics
- Other \_\_\_\_\_

**Sports:**

- Basketball
- Soccer
- Volleyball
- Four-Square
- Kickball
- Ultimate Frisbee
- Other \_\_\_\_\_

**Drama:**

- Play directing
- Skits
- Group fun songs
- Other \_\_\_\_\_

**Music:**

- Devotional Songs
- Lead a chorus
- Other \_\_\_\_\_

**Miscellaneous:**

- Devotional Services
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Statement of Contract**

I have provided accurate information to Tidal River Christian Camp for the above noted position. If selected to serve in the above capacity, I will abide by the TRCC staff member guidelines. I will also commit myself to proper Christian conduct as a staff member of TRCC.

\_\_\_\_\_   
 Applicant's Signature

Dated: \_\_\_\_\_

Please send back to: Theresa Morrissey 24 Quince Court Bristol CT 06010



Please mail w/envelope seal signed to:  
 Theresa Morrissey  
 24 Quince Court  
 Bristol, CT 06010

**CONFIDENTIAL REFERENCE FORM**

Reference cannot be filled out by a relative or peer.

Name of Applicant: \_\_\_\_\_

Applying For Position Of: \_\_\_\_\_

Please answer the following questions to the best of your knowledge of the applicant. Thank you.

1. Please circle the appropriate number:

	POOR			AVERAGE			GOOD			SUPERIOR
TEACHABLE	1	2	3	4	5	6	7	8	9	10
PROMPTNESS	1	2	3	4	5	6	7	8	9	10
FOLLOWS INSTRUCTIONS	1	2	3	4	5	6	7	8	9	10
OUTGOING	1	2	3	4	5	6	7	8	9	10
EMOTIONAL BALANCE	1	2	3	4	5	6	7	8	9	10
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LEADERSHIP ABILITY	1	2	3	4	5	6	7	8	9	10
FRIENDLY	1	2	3	4	5	6	7	8	9	10
CHRISTIAN CHARACTER	1	2	3	4	5	6	7	8	9	10

2. Please circle any traits below which characterize this person:

*easily irritated fun intolerant argumentative humorous nervous responsible impatient compassionate cannot take a joke easily angered discouraged happy easily embarrassed bull-headed pleasant energetic always asking "why" depressed dishonest friendly frequently worried moody complainer sullen positive tense loving critical of others legalistic intelligent giving cooperative caring prompt sensitive creative good common sense task-oriented people-oriented patient committed influential conscientious*

3. How many years have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

4. Do you know this person on a \_\_one-on-one \_\_small group (3-29) \_\_medium group (30-99) \_\_large group (100+) basis?

5. Please comment on the applicant's spiritual life. \_\_\_\_\_

6. Would you completely trust this individual to guide and care for you child in a one-on-one and group setting? \_\_Y \_\_N

7. To the best of your knowledge, has this applicant ever been expelled or suspended from school or employment or charged with, arrested for, or convicted of any offense or the violation of any statute or law? \_\_Y \_\_N

8. I would \_\_strongly recommend \_\_recommend \_\_recommend w/reservation \_\_not recommend the applicant for the position

What specific reason would you give for hiring or not hiring the applicant? \_\_\_\_\_

9. I expect the applicant's work to be: POOR AVERAGE GOOD SUPERIOR

Signature of Reference Person Printed Name Position Phone Date

Address City State Zip Code

Please send back to: Theresa Morrissey 24 Quince Court Bristol CT 06010



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9. I expect the applicant's work to be: POOR AVERAGE GOOD SUPERIOR

Signature of Reference Person Printed Name Position Phone Date

Address City State Zip Code

**Tidal River Christian Camp**  
 Medical Form  
 Camp Bethel Road  
 Haddam, CT 06438  
Youth Camp Health Examination Record

Expiration Date .....

To Be Completed By Parent or Guardian

Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Birth Date \_\_\_\_\_  
 (last) (first)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
 (street) (town) (state) (zip)

In Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

<u>Camper Medical History (check)</u>		<u>Allergies</u>	<u>Chronic/Recurring Illness</u>	
Chickenpox _____	Measles _____	Hay Fever _____	Insect Sting _____	Earaches _____ Throat Problems _____
German Measles _____	Mumps _____	Asthma _____	Drugs (specify) _____	Sinus _____ Infections _____
Whooping Cough _____	Other _____	Ivy, Oak, Etc. _____	Foods (specify) _____	Heart _____ Stomach _____
Details of above _____			Epilepsy _____	Rheumatic Fever _____
			Diabetes _____	Menstrual _____
Medications Being Taken (name and explain) _____			Problems _____	

Operations, Injuries, Special restrictions (explain and give dates) \_\_\_\_\_

<u>Immunization</u>	<u>Date</u>	<u>Booster</u>	Parent or Guardian Me Authorization (required for all persons under age 18) This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above. Signature _____ Date _____
Diphtheria	_____	_____	
Tetanus	_____	_____	
Pertussis	_____	_____	
Polio	_____	_____	
Measles	_____	_____	
Mumps	_____	_____	
Rubella	_____	_____	
Hepatitis B	_____	_____	
Other	_____	_____	

Physical Examination: To be completed By A Licensed Physician: (Code: 1=Satisfactory 2=Not Satisfactory 0=Not Examined)

Height _____	Weight _____	B.P. _____	Skin _____	Nose _____
Eyes _____	Glasses _____	Contacts _____	Required _____	Condition _____
Ears _____	Hearing Right _____	Left _____		
Throat _____	Teeth _____	Heart _____	Lungs _____	Skeletal _____
Abdomen _____	Genitalia _____		Hernia _____	Extremities _____
Test: Urinalysis Glucose % _____	Albumin % _____		Tuberculin Testing (type) _____	

If indicated, Blood Count \_\_\_\_\_  
 Restrictions, Limitations (including diet) \_\_\_\_\_

Medications \_\_\_\_\_  
 Recommendations \_\_\_\_\_

The above named person is in satisfactory condition and may engage in all camp activities except as noted.

Date of Exam \_\_\_\_\_ Examining Physician \_\_\_\_\_  
 Telephone \_\_\_\_\_ Print Physician's Name \_\_\_\_\_  
 State Licensed In \_\_\_\_\_ Lic. # \_\_\_\_\_ Address \_\_\_\_\_