



Dear Applicant,

Tidal River Christian Camp is looking for responsible summer volunteers. 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.

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

- Willingness to accept the responsibility for the campers, ranging in ages 8 to 18 years old, 7 days per week
- Ability to be a positive example, mentor, and spiritual leader
- 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 Volunteer Committee needs to receive your application and 3 references by April 19th. Volunteers chosen will be notified by May 1st.

You must also provide a current medical form that states you are able to work at a camp during the summer.

For more information visit our website (<http://www.TidalRiverChristianCamp.com>) or contact Theresa Morrissey (registration@trcc.info).

-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: _____
 Phone: _____

2) Name: _____
 Address: _____
 Phone: _____

3) Name: _____
 Address: _____
 Phone: _____

4) Name: _____
 Address: _____
 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

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
CAPACITY TO WORK WITH CHILDREN	1	2	3	4	5	6	7	8	9	10
CAPACITY TO WORK WITH YOUTH	1	2	3	4	5	6	7	8	9	10
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TACT	1	2	3	4	5	6	7	8	9	10
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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 24 Quince Court
 Bristol, CT 06010

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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 _____