

**SUMMER SURGE DAY CAMP**  
**Senior Counselor – Application for Employment**

**\*\*Must have completed Grade 12 by dates of camp\*\***

When you have completed this application, please mail or deliver to:  
Summer Surge, Memorial Park Church; 8800 Peebles Road, Allison Park, PA 15101

Check session(s) you are applying for:

Session 1: June 21 – 25       Session 2: June 28 - July 2       Session 3: July 12 - 16

**NAME** (including Nickname) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ e-mail: \_\_\_\_\_

**NAME OF COLLEGE** and address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Major: \_\_\_\_\_ Class \_\_\_FR \_\_\_SO \_\_\_JR \_\_\_SR \_\_\_GRAD

**SUMMER WORK EXPERIENCE** (List position and address)

Last summer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summer before last:

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** (List two – former employer and Christian leader)

Name	Position	Address and/or phone number
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1.) \_\_\_\_\_

2.) \_\_\_\_\_

**CAMP EXPERIENCE:** (Honors, achievements, interest, etc. you had as a camper)

\_\_\_\_\_

\_\_\_\_\_

**YOUR FAITH:**

Who is Jesus Christ? \_\_\_\_\_

A person is a Christian if \_\_\_\_\_

Describe the essential points you would make to someone in sharing your faith. Include appropriate Bible verses. \_\_\_\_\_

How did you come to know Jesus Christ as your Lord and Savior? \_\_\_\_\_

Describe key events and times in your spiritual growth \_\_\_\_\_

Your present church membership and other Christian work you are involved in. (Young Life, Youth Group, etc.)

**ALL ABOUT YOU:** (Please attach a recent photo to this form)

Describe yourself in five words. \_\_\_\_\_

The important characteristics of being a good leader are: \_\_\_\_\_

How, specifically, can you make a positive impact on kids at Summer Surge? \_\_\_\_\_

Do you have either of the following certifications?

CPR

First Aid

Summer Surge is a direct ministry of Memorial Park Church and a witness of our Lord and Savior, Jesus Christ. It is therefore important that our counselors reflect values consistent with biblical teachings. Please indicate your views on the following subjects and explain if necessary:

- Underage drinking:    \_\_\_Acceptable       \_\_\_Unacceptable       \_\_\_Other\*
- Smoke/chew Tobacco:    \_\_\_Acceptable       \_\_\_Unacceptable       \_\_\_Other\*
- Use of illegal drugs:    \_\_\_Acceptable       \_\_\_Unacceptable       \_\_\_Other\*
- Premarital sex:    \_\_\_Acceptable       \_\_\_Unacceptable       \_\_\_Other\*
- Homosexuality:    \_\_\_Acceptable       \_\_\_Unacceptable       \_\_\_Other\*

\*Please explain \_\_\_\_\_

Nothing is more important to a parent than selecting those who will influence their children!

**As a Senior Counselor you will be responsible for planning, preparing and leading an afternoon elective each day at camp.**

- Indicate with a "T" those activities you can **teach** to a camper.
- Indicate with an "A" those activities you can **assist** teaching a camper.
- Circle those activities you would **most** like to do.
- Leave blank those activities which you would **not** like to do.

**Sports:**

- \_\_\_ archery
- \_\_\_ baseball/softball
- \_\_\_ basketball
- \_\_\_ billiards (pool)
- \_\_\_ dance
- \_\_\_ flag football
- \_\_\_ rock wall
- \_\_\_ soccer
- \_\_\_ street hockey

**Arts and Crafts**

- \_\_\_ beading/bracelets
- \_\_\_ cartooning
- \_\_\_ ceramics
- \_\_\_ scrapbooking
- \_\_\_ sewing (simple pillow)
- \_\_\_ woodwork

**Miscellaneous**

- \_\_\_ cooking
- \_\_\_ game day (Apples to Apples, Pictionary, Cranium, Scattagories, etc.)
- \_\_\_ spa days (hair wraps, make up manicures, etc.)

Indicate if you would like to be a part of the Worship Band or Skits:

- \_\_\_guitar       \_\_\_drums       \_\_\_vocal       \_\_\_keyboard       \_\_\_skits

**MARK YOUR T-SHIRT SIZE** (all are adult sizes):

- \_\_\_Small    \_\_\_Medium    \_\_\_Large    \_\_\_X-Large    \_\_\_XX-Large    \_\_\_XXX-Large

Your signature \_\_\_\_\_ Date \_\_\_\_\_

If you are under 18 years of age, please have your parent or guardian complete this portion of the application form. We need this information in case of an emergency.

Does Counselor have any health related concerns? \_\_\_\_\_

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### Emergency information

In the event of a **minor illness**, I understand that the counselor will receive Basic First Aid, and that a log of treatment rendered will be maintained by the Camp Nurse. Such minor care may, at times, require the administration of “over the counter” medications. I hereby give permission to the Camp Nurse or his/her designee to administer the following medications as they deem appropriate.

- Tylenol or Advil for fever/pain
- Midol for menstrual cramps
- Benedryl for allergic reactions
- Tums/Rolaids for stomach upset
- Visine Allergy Eye Drops for allergic reactions involving the eye
- Benedryl Spray/Cream for allergic rashes/minor skin bites
- Topical Antibiotics for abrasions, burns, minor cuts
- Topical Xlocaine Sprays (Solarcaine) for sunburn/other minor burns

In the event of a **medical emergency**, I understand that every effort will be made to contact the parents or guardians of the counselor. In the event that I cannot be reached, I hereby give permission to the Camp Director and/or the Camp Nurse to seek medical attention. I also give permission to the hospital and/or physician secured by the Camp to hospitalize, to provide appropriate treatment for, and to order injection, anesthesia, and/or surgery as illness or injury warrants.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if 18 years or older)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 years old)

Emergency Contact \_\_\_\_\_

Relationship to counselor \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_