



2017 MINISTRY TEAM APPLICATION

Applicant Name _____

Current / School Mailing Address / Street _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____ Fax _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Phone _____

Church Affiliation _____

Church Street Address _____

City _____ State _____ Zip _____

These forms must be mailed with your application in order to be considered. Please initial that you have included these forms.

- _____ Alcohol, Drug and Tobacco Policy
- _____ Essay Questions
- _____ Three reference forms (distributed; to be mailed by reference)

Size preferred for staff shirt (circle one)

S M L XL XXL XXXL

Position Applied For (see enclosed list) _____

Have you ever applied for employment before at Camp Warwick?

Yes No

How did you hear about us?

Church College Friend

Other: _____

Are you 18 or older? Yes No

Date of birth: ____/____/____

Are there any reasons why you may have difficulty in performing any of the essential tasks of the job for which you are applying?

Yes No

Have you ever been convicted or pleaded guilty to a crime?

Yes No

Have you ever been accused of, participated in or convicted of child abuse or child molestation?

Yes No

Do you have a chronic, recurring or infectious disease?

Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes No

If you answered yes to any of the above questions, please attach an explanation.

Driver's License # _____

State _____

Exp. Date _____

CAMP WARWICK at THE WARWICK CONFERENCE CENTER
P.O. Box 349, Warwick, NY 10990

OFFICE HOURS: 8:30 - 4:30 / MONDAY - FRIDAY / PHONE: (845) 986-1164
EMAIL: campwarwick@campwarwick.org WEBSITE: www.campwarwick.com
LOCATED AT 62 WARWICK CENTER ROAD

REV. KENNETH TENCKINCK, EXECUTIVE DIRECTOR / ARLENE TENCKINCK, CAMP CONSULTANT

EDUCATION

High School Name and Address

High School Entrance/Graduation Dates

College Entrance/Graduation Dates

College Name and Address

Major/Minor/Expected Degree(s)

Foreign Languages Spoken

List any courses you have taken that would be helpful in camp counseling:

Starting with your most recent position, list the last three positions you have held. Include summer and/or part-time jobs and any camp experience you have had.

EMPLOYMENT EXPERIENCE

Name of Employer

() Telephone Number

Address

Employed From / To (Month and Year)

Name of Supervisor

Reason for Leaving

State Job Title and Description of Your Work

Name of Employer

() Telephone Number

Address

Employed From / To (Month and Year)

Name of Supervisor

Reason for Leaving

State Job Title and Description of Your Work

Name of Employer

() Telephone Number

Address

Employed From / To (Month and Year)

Name of Supervisor

Reason for Leaving

State Job Title and Description of Your Work

CHURCH

What has been your involvement in church and college outreach activities during the last five years. Start with the most recent.

Multiple horizontal lines for writing church and outreach activities.

PERSONAL / SPIRITUAL

Please respond to the following questions on a separate sheet of paper.

NEW COUNSELORS:

- 1. What is it about Camp Warwick that particularly interests you? What has you most excited about serving at a faith-based summer camp?
- 2. Tell us about an experience you've had or something you've accomplished that you think has helped to prepare you for this experience.

RETURNING COUNSELORS:

- 1) What are some ways that you felt you made a difference in someone's life last summer? If possible, use a specific memory or incident.
- 2) What was your biggest challenge last summer? How did you deal with it?

ALL APPLICANTS:

- 1) What is one trait you have that you want people to know about?
- 2) Of all the places you've ever visited, what is your favorite? What is it you like about that particular place?

List any gifts, training, education or other factors that have prepared you for work with children and youth.

For each topic listed below, please list any areas of experience or expertise:

CHRISTIAN EDUCATION

MUSIC

DRAMA

OUTDOOR EDUCATION

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SPORTS

ARTS & CRAFTS

CHALLENGE COURSE and TEAM BUILDING

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OTHER HOBBIES / INTERESTS:

Would you be interested in leadership training for our challenge course and climbing tower: Yes No

CERTIFICATIONS

Below is a list of the preferred certifications as required by NYS & the Orange Cty Dept. of Health. Please check off below any current certifications you may hold and indicate the expiration dates next to each certification.

- | | |
|--|--|
| <input type="checkbox"/> ARC WSI _____ | <input type="checkbox"/> ARC Lifeguard Training _____ |
| <input type="checkbox"/> ARC BLS/Prof. Rescuer _____ | <input type="checkbox"/> ARC 1st Aid Responding to Emergencies _____ |
| <input type="checkbox"/> ARC CPR for the Prof. Rescuer _____ | <input type="checkbox"/> AHA CPR - Course Level C _____ |
| <input type="checkbox"/> RN _____ | <input type="checkbox"/> LPN _____ |
| <input type="checkbox"/> OTHER _____ | |

If you would be willing to take one of the above courses prior to the opening of camp, please indicate below:

Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize educational institutions, employers and city, county, state, and federal law enforcement agencies to release information to The Warwick Center, Inc. for the purpose of background investigation. All information relative to my employment or association with said named entities is to be forwarded to The Warwick Center, Inc. at their request.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



Please forward your application to:
CAMP DIRECTOR

**CAMP WARWICK at
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WARWICK CONFERENCE CENTER

THE WARWICK CONFERENCE CENTER, INC. is owned and operated by the Synods of New York and Mid-Atlantics of the Reformed Church in America. The Warwick Conference Center, Inc. is permitted to operate by the New York State Dept. of Health and is inspected twice a year. Reports concerning the inspection of the camp are filed at the Orange County Department of Health, 124 Main Street, Goshen, New York 10924.

THE WARWICK CONFERENCE CENTER, INC. IS AN
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