

Chapel of the Cross – Lutheran  
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St. Louis, MO 63136  
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## Chapel of the Cross - Lutheran **Summer Camp Counselor Application**

Applicant's Name \_\_\_\_\_  
Interview \_\_\_\_\_ Hire \_\_\_\_\_

*Please complete the application in its entirety. Make sure all questions have been answered and that your answers are accurate. Sign, scan, and e-mail this form back to [summercamp@chapelofthecross.org](mailto:summercamp@chapelofthecross.org) or mail to Chapel Summer Camp, 11645 Benham Road, St. Louis, MO 63136.*

Full Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

College Address (if applicable): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Year in school: \_\_\_\_ T-shirt Size: \_\_\_\_

Please list dates when you will be available for an interview in March and April: \_\_\_\_\_

\_\_\_\_\_

Emergency contact in case of illness or injury:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### **EDUCATION (list school where you attend(ed)):**

High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

College: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

What is your major/area of study? \_\_\_\_\_

\_\_\_\_\_

What activities (e.g. faith, sports, music, drama, art, etc.) are you currently involved in?

## WORK EXPERIENCE

Are you currently employed? Circle one ☐ YES ☐ NO If yes, where?

If you've worked before, would your previous employers rehire you?

Circle one ☐ YES ☐ NO If no, explain:

Have you ever been fired from a job?

Circle one ☐ YES ☐ NO If yes, what was the probable reason?

How many times have you been late for work in the past year?

Do you have a second summer job/internship? Circle one ☐ YES ☐ NO

If yes, please list the name and location of your work.

Could your second summer job/internship interfere with your summer camp availability?

Circle one ☐ YES ☐ NO If yes, how?

## CHURCH AND FAITH

Home Church Name:

City:

Church when away from home:

City:

Do you sing/play any instruments? Circle one ☐ YES ☐ NO

If yes, please list:

Specify if you have led any of the following in the last 2 years:

Devotion - Topic:

Audience:

Bible Study - Topic:

Audience:

Worship - Topic:

Audience:

Music - Topic:

Audience:

Provide a statement of your personal faith, including relevant Bible passage(s), and how you share it with other people, especially children.

## THE COUNSELOR POSITION AND YOU

(Refer to the counselor job description in answering the questions below)

Why are you applying for a camp counselor position at Chapel of the Cross?

What abilities and skills do you bring to the counselor position? Give examples.

What is your experience in working with children? Give examples.

Which age group do you feel most comfortable leading?

Gr. 1 Gr. 2 - 5 Gr. 6 –8 No Preference

## SUMMER AVAILABILITY

Please list any dates that you are requesting off (generally one week of unpaid vacation is allowed). We will try to assign your first choice.

Please list any days/hours that you are NOT available during the week to work. (Generally, camp begins at 7:00 AM and goes until 5:30 PM though this may change based on parent need):

**Please answer each of the following questions. If you answer no, please explain why.**

- Will you be available to attend church (Chapel of the Cross or your home congregation) **weekly** in the summer? ☐ YES ☐ NO
- Will you be available for mandatory counselor training the fourth full week of May? ☐ YES ☐ NO
- Will you be available for mandatory staff meetings one evening each week from 6:00 – 7:00 p.m.? ☐ YES ☐ NO
- Will you be able to attend the 11:00 AM Summer Camp staff installation service on May 28? ☐ YES ☐ NO

**OTHER**

Are you a smoker? ☐ YES ☐

NO If so, are you able to work effectively and comfortably in a totally non-smoking environment? ☐ YES ☐ NO

What do you consider to be an acceptable level of alcoholic beverages consumption? Do

you currently use any illegal drugs? ☐ YES ☐ NO

Have you ever been convicted of a felony or misdemeanor? ☐ YES ☐ NO

If yes, explain:

Are you on parole or under court-mandated probation? ☐ YES ☐ NO

If yes, explain:

Have you ever been convicted of a child abuse or sexual abuse offense? ☐ YES ☐ NO If

yes, explain:

Are you legally eligible to seek employment in the U.S.? ☐ YES ☐ NO

If no, explain:

Do you give your permission for Chapel of the Cross Lutheran to do a complete background check? ☐

YES ☐ NO

**REFERENCES**

One must be the pastor at your home or college church. The other should be a non-family member with whom you have had contact in the past year (preferably an employer or a teacher/professor) and who can speak to your qualifications to be a camp counselor. Please give the recommendation form to each person and request that the completed recommendation be e-mailed/mailed directly to Chapel of the Cross – Summer Camp.

1. Pastor's Name: Church Name:

Contact phone number:

2. Name: Relationship to the applicant: Contact phone number:

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I WILL NOT SEEK ACCESS TO ANY RECOMMENDATION PROVIDED BY MY REFERENCES. I UNDERSTAND THAT ANY VIOLATION OF CHAPEL OF THE CROSS RULES, POLICIES, STANDARDS, AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS OF CHAPEL OF THE CROSS LUTHERAN AND OF CHAPEL OF THE CROSS SUMMER CAMP. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF CHAPEL OF THE CROSS LUTHERAN OR MYSELF.

Date

Signature