



**ALFORD LAKE CAMP**

ESTABLISHED 1907

**DIRECTOR - SUE MCMULLAN**

**CONSULTING DIRECTOR - JEAN MCMULLAN**

**ASSISTANT DIRECTOR - BETSY BRAYLEY**

**COUNSELOR APPLICATION**

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Parents' full names \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Effective until what date: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**EDUCATION**

Secondary \_\_\_\_\_ Class of \_\_\_\_\_

College \_\_\_\_\_ Class of \_\_\_\_\_

Degree(s) earned \_\_\_\_\_ Year \_\_\_\_\_

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

Degree(s) earned \_\_\_\_\_ Year \_\_\_\_\_

If you are currently a college student, what is your major? If you have not declared a major, what are your favorite courses? \_\_\_\_\_

Describe any experiences you have had with children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List camps attended with dates (please indicate "camper" or give position you held)

\_\_\_\_\_  
\_\_\_\_\_

What did you particularly like or dislike about these camps? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your favorite extra-curricular activities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you speak any foreign languages fluently? \_\_\_\_\_

Rate yourself on the following qualities: (on a scale of 1-10, 10 being highest)

Energy  
  Motivation  
  Communication  
  Honesty  
  Humor  
  Patience  
  Common Sense  
 Dedication  
  Leadership  
  Dependability  
  Creativity  
  Integrity  
  Cheerfulness

What adjectives would you use to describe yourself? \_\_\_\_\_  
\_\_\_\_\_

How many siblings do you have? What are their ages? \_\_\_\_\_

How did you first hear of Alford Lake Camp? \_\_\_\_\_

Describe leadership positions you have held \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a counselor at Alford Lake and what contributions do you think you can make \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a counselor in a resident camp, you are living in a close community. Your effect on people is constant. What attributes could you share with others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all your current certificates (e.g. swimming, first aid, CPR, riding, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Expires: \_\_\_\_\_  
\_\_\_\_\_ Expires: \_\_\_\_\_  
\_\_\_\_\_ Expires: \_\_\_\_\_  
\_\_\_\_\_ Expires: \_\_\_\_\_

Do you smoke? \_\_\_\_ (we need an honest answer to this question)

Note: We have taken the position that we will employ only non-smoking staff members in camp. We have found that there is a severe disadvantage for smokers and for campers who have counselors who smoke. In a camp setting, representing the best models in health and safety, we strongly believe that even a returning staff member should not return to camp if there is to be a smoking conflict. Therefore, we will ask that ANY counselor unable to adhere to a non-smoking policy not accept a position on our staff.  
**PLEASE TAKE THIS SERIOUSLY!**

**Drugs and alcohol are absolutely out of place** in camp where we are responsible for the welfare of other people's children and for developing a healthy community. Use and consumption of alcohol by anyone under the age of 21 is illegal in the state of Maine. Those who are over 21 are expected to use good judgment while on time off. Expectations are that you will return to camp with the same mental capacity and sobriety with which you left camp. Violation of this policy and/or Maine state law will result in immediate dismissal.  
Are you willing to commit yourself to abide by this policy while employed by Alford Lake Camp? \_\_\_\_ (y/n)

Please evaluate yourself in the following activities. Indicate any experience you have had in the area, either as a participant or an instructor. State whether you feel competent to teach in that area, either under supervision or alone. Please include all relevant certifications or levels. **Also rate those activities which you would prefer to teach in order of preference.**

ARCHERY \_\_\_\_\_

ART \_\_\_\_\_

CAMPCRAFT/OUTDOOR LIVING SKILLS \_\_\_\_\_

CANOEING/KAYAKING \_\_\_\_\_

CERAMICS \_\_\_\_\_

DANCE \_\_\_\_\_

DRAMA \_\_\_\_\_

GYMNASTICS \_\_\_\_\_

LIBRARY (reading, creative writing) \_\_\_\_\_

MUSIC \_\_\_\_\_

CLIMBING \_\_\_\_\_

RIDING \_\_\_\_\_

SAILBOARDING \_\_\_\_\_

SAILING \_\_\_\_\_

SWIMMING \_\_\_\_\_

TEAM SPORTS \_\_\_\_\_

TENNIS \_\_\_\_\_

COMMUNITY SERVICE \_\_\_\_\_

WILDERNESS TRIP LEADING \_\_\_\_\_

CHILD CARE (we hire counselors to care for staff children who are too young to be campers)

As an ACA accredited camp, all employees of Alford Lake Camp will be required to submit a health form signed by your family physician indicating that you have had a physical examination within 24 months of your arrival in camp and have been found to be in good health, free from any communicable or infectious diseases and able to carry out a full camp program. You must also receive a current MMR if you have not had one since the age of 11 or 12. You must also have a current PPD (TB test) within six months of your arrival at camp.

We also need to mention that the MORALE of our entire community is paramount. We take pride in our working conditions and atmosphere and want very much to keep the "tone" of our community enthusiastic and positive. Therefore we ask that each staff member not be involved in any way, by initiation or contribution, in personal harassment (sexual or otherwise.) Remember, harassment is determined by the victim. Thank you for taking this seriously and thinking about your attitudes and actions towards others. Are you willing to commit yourself to this philosophy?\_\_\_\_\_ (y/n)

IT IS UNDERSTOOD that in this time of increasing revelations on the matter of CHILD ABUSE, Alford Lake Camp counselors are free from any criminal convictions or pending legal action involving child abuse. Is your record clear? \_\_\_\_\_ (y/n)

Alford Lake Camp will be specific in its on-going training of all staff on child abuse matters. Are you willing to take seriously the training sessions and apply your energies to prevent children in camp from experiencing mental, emotional or physical abuse? \_\_\_\_\_ (y/n)

**It is your responsibility to have three references write to us directly, as soon as possible.** These references are required, to complete the application process. We have enclosed a reference sheet, which you may copy for your references if you desire.

**REFERENCES** (3 are needed) Please include if possible: Someone who knows your work with children, a recent employer, preferably most recent and someone who is known to Alford Lake Camp.

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

I give Alford Lake Camp permission to contact any or all of the references listed above and to do any background checks they might feel necessary. \_\_\_\_ (y/n)

Signed \_\_\_\_\_

Date \_\_\_\_\_

Return complete application to:

**Alford Lake Camp  
5 Salt Marsh Way  
Cape Elizabeth, ME 04107  
(207) 799-3005  
Fax: (207) 799-5044**