



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 _____

OTHER _____

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**