



**COUNSELOR APPLICATION UPDATE**

DIRECTOR - SUZANNE MCMULLAN, CCD (CERTIFIED CAMP DIRECTOR)  
ASSISTANT DIRECTOR - ELIZABETH R. BRAYLEY  
CONSULTING DIRECTOR - JEAN MCMULLAN, CCD

Present Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Hgt. \_\_\_\_\_ Wgt. \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Parent's Full Names \_\_\_\_\_

e-mail Address \_\_\_\_\_

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

Current Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Effective until what date \_\_\_\_\_ Present Year in School \_\_\_\_\_

**EDUCATION:**

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

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

Degree(s) Earned \_\_\_\_\_ Year \_\_\_\_\_

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

Degree(s) Earned \_\_\_\_\_ Year \_\_\_\_\_

Please list all your current certificates (ie., swimming, first aid, riding, etc.):

\_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_ Expires: \_\_\_\_\_

**Please be sure that if you have certifications that are due to expire and they are needed for your job at camp, that you update them prior to your arrival in camp!!!!**

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

Note: We have taken a 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.





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**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. In addition, Maine has a strictly enforced drinking and drug law. We will not tolerate any use of drugs or alcohol. Any illegal use of alcohol and/or drugs will result in immediate dismissal. Are you willing to commit yourself to abide by this policy while employed by Alford Lake Camp? \_\_\_\_ (y/n) (yes/no)

Signed \_\_\_\_\_ Date

As an ACA accredited camp, all employees of Alford Lake Camp will be required to submit a health form. This form must be 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.

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? \_\_\_\_\_ (yes/no)

IT IS ALSO UNDERSTOOD that in this time of increasing revelations on the matter of CHILD ABUSE, Alford Lake Camp counselors must be free of any criminal convictions or pending legal action relating to child abuse. Is your record clear? \_\_\_\_ (yes/no)

IT IS ALSO UNDERSTOOD that 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? \_\_\_\_ (yes/no)

Signed \_\_\_\_\_ Date

Please include the names and phone numbers of two people that we can contact as references:

1) \_\_\_\_\_

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

THE ABOVE REFERENCES ARE VERY IMPORTANT, EVEN IF YOU HAVE WORKED AT ALFORD LAKE BEFORE!!! THANK YOU!!!

**RETURN THIS FORM IMMEDIATELY TO:**

**Alford Lake Camp  
5 Salt Marsh Way  
Cape Elizabeth, ME 04107**

