



TRUTH & LIFE CONNECTOR 2010 TLC Leader *APPLICATION FORM*

Name: _____
Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____
Phone Number (day) (____) _____ (night) (____) _____
Email: _____
Are you 18 years of age or older? _____

EDUCATION:

High School: _____ Grade Completed: _____
College/University: _____ Major _____ Minor _____
College Graduation Year: _____ Career Goals: _____

WORK EXPERIENCE: *(most recent job first)*

Position Title: _____
Name of Company/Organization: _____
Address of Company/Organization: _____
Phone: (____) _____ Date Started: _____ Date Completed: _____
Supervisor's Name: _____

Position Title: _____
Name of Company/Organization: _____
Address of Company/Organization: _____
Phone: (____) _____ Date Started: _____ Date Completed: _____
Supervisor's Name: _____

Position Title: _____
Name of Company/Organization: _____
Address of Company/Organization: _____
Phone: (____) _____ Date Started: _____ Date Completed: _____
Supervisor's Name: _____

REFERENCES: *(Please list no more than one relative)*

Name: _____ Job Title: _____

Address: _____ City: _____

State/Province: _____ Home Phone: (____) _____

Name: _____ Job Title: _____

Address: _____ City: _____

State/Province: _____ Home Phone: (____) _____

Name: _____ Job Title: _____

Address: _____ City: _____

State/Province: _____ Home Phone: (____) _____

CLOSEST LIVING RELATIVE:

Name: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code _____

Phone Number (day) (____) _____ (night) (____) _____

Relationship: _____

INSURANCE

Insurance Company _____ Policy # _____

Canadian OHIP # _____

HEALTH

List allergies: _____

List all medications taken: _____

List special diet requirements: _____

List any physical limitations: _____

CERTIFICATIONS *(ie: life guard, first aid, CPR, boating, etc.)*

INTERESTS *(ie: hiking, low ropes, high ropes, singing, playing an instrument drama, dance, swimming, canoeing, creative writing, archery, etc.)*

CHRISTIAN LIFE *Give a brief account of what God has done in your life – how you came to know Him as Lord, and what He has done in your life since then.*

QUALIFICATIONS

Why do you want to work at *Get Connected! Camp*? _____

Why do you feel qualified to work at this camp? _____

Have you any experience working with 7th, 8th, 9th, or 10th grade girls? _____

What is the state of your general health? _____

Have you been convicted of anything other than a minor traffic violation? ____yes ____ no
If yes, attach a written explanation including the dates.

What, if any, volunteer positions have you been involved with? _____

What camp experiences have you personally had? _____

Please write a "1" next to the activities you are able to teach/lead, a "2" next to those you are able to assist in leading, and a "3" next to those in which you have an interest or experience.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Guitar | <input type="checkbox"/> Archery | <input type="checkbox"/> Swimming | <input type="checkbox"/> Bible Study |
| <input type="checkbox"/> Keyboard/Piano | <input type="checkbox"/> Skits/Drama | <input type="checkbox"/> Line Dancing | <input type="checkbox"/> Life Guarding |
| <input type="checkbox"/> Vocal Music | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Beach Volleyball | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Craft Projects | <input type="checkbox"/> High Ropes | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Swimming | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Creative Movement/Dance | <input type="checkbox"/> Tent Camping/Outdoor Cooking | |
| <input type="checkbox"/> Serving Others/Service Projects | <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Low Ropes | <input type="checkbox"/> Team Building Activities | | |

I, the undersigned, do hereby verify that the information given on this application is correct.

Signed _____ **Date** _____

Please Note: In order to be considered as a final candidate, you must ask two adults (non relatives) that can assess your ability to become a successful TLC (Camp Counselor) to complete the attached reference form. They must return the form to the GEMS Service Center by no later than April 15.



Reference Questionnaire for TLC Applicant for *Get Connected!* Camp

TLC APPLICANTS NAME _____ DATE _____

REFERENCE NAME _____ ADDRESS _____

CITY, STATE/PROVINCE, ZIP/POSTAL CODE _____

PHONE () _____ SIGNATURE _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

Circle the appropriate number on each scale - **1** being lowest or poorest, **10** being highest or best, **NK** for no knowledge or insufficient information.

Responsibility 1 2 3 4 5 6 7 8 9 10 NK
Carries out duties and obligations

Promptness 1 2 3 4 5 6 7 8 9 10 NK
Arrives on time

Adaptability 1 2 3 4 5 6 7 8 9 10 NK
Adjusts well to change

Perseverance 1 2 3 4 5 6 7 8 9 10 NK
Moves ahead in the face of adversity

Physical Stamina 1 2 3 4 5 6 7 8 9 10 NK
Ability to endure demands of camp

Personal Appearance and Manners 1 2 3 4 5 6 7 8 9 10 NK
Respectful, neat, and clean

Cooperation/Teamwork 1 2 3 4 5 6 7 8 9 10 NK
Works well with others

Communication 1 2 3 4 5 6 7 8 9 10 NK
Presents thoughts with clarity and logic

Spiritual Maturity 1 2 3 4 5 6 7 8 9 10 NK
Continual growth in God

Sensitivity 1 2 3 4 5 6 7 8 9 10 NK
Sensitive to needs and feelings of others

Teachability 1 2 3 4 5 6 7 8 9 10 NK
Willing to receive instruction/counsel

Self-Image 1 2 3 4 5 6 7 8 9 10 NK
Accepts and understands self

Initiative 1 2 3 4 5 6 7 8 9 10 NK
Appropriately going beyond the call of duty

To what degree are the following traits apparent in the life of the applicant?

Check appropriate box

	FREQUENTLY										RARELY	
	1	2	3	4	5	6	7	8	9	10	NK	
Procrastination												
Critical Attitude												
Irritability												
Anxiety, Worry												
Depression												
Domineering Manner												
Rebelliousness												
Anger												

Please answer the following questions. Use additional paper if necessary.

1. What are the applicant's greatest strengths and abilities?
2. What areas need development or attention?
3. How does this person respond to authority?
4. Do you believe this person struggles with an eating disorder? If yes, please explain.
5. Does this person have any problem relating to younger youth/children?
6. Is there any reason to suspect a violent temper or physical/sexual abuse of children? Please explain.
7. Do you have any reservations about this person participating on Get Connected! Camp's summer staff? Please explain.

Thank you for completing this reference form. Please return it to:

**GEMS Girls' Clubs
 PO Box 7259
 Grand Rapids, MI 49510
 ATTN: *Get Connected!* Camp
 Fax: 616 241 5558
servicecenter@gemsgc.org**

Questions? Contact the GEMS Service Center at: 616 241 5616 ext 3032