



Received on: _____

2009 Volunteer Application

Name: _____ Age/Date of Birth: _____ Gender: _____
Home Address: _____ College Address: _____
City, State, Zip: _____ City, State, Zip: _____
Area Code/Phone: _____ Email Address: _____
Best day of the week and time to reach you for an interview: _____
Marital Status: Single ___ Married ___ # of Children ___ Ages of children _____

Have you ever been convicted or accused of a crime? Y or N If yes, please explain:

Camp Involvement:
Last camp you attended or worked at: _____
Dates: _____ Responsibilities: _____

Church Involvement:
Home Congregation: _____
Congregation Phone #: _____ Minister Name: _____
Do You Attend Regularly? _____ Baptized Believer? _____
Have long have you been a Christian? _____
Church Related Activities: _____

Please check if you hold any of these Red Cross Certifications: ___ CPR ___ First Aid ___ Lifeguard
Expiration Date: _____

Do you have the ability to perform all the requirements of the job for which you have applied? Y or N

REFERENCES:

Please provide us with 4 references. At least one must be an elder or minister of your home congregation, or a college Bible professor. **Three of your references must fill out the attached reference form** and mail in directly with envelope seal signed.

Applications will not be processed until both reference forms have been received

- | | |
|--|--|
| 1) Name: _____
Address: _____
Phone: _____ | 2) Name: _____
Address: _____
Phone: _____ |
| 3) Name: _____
Address: _____
Phone: _____ | 4) Name: _____
Address: _____
Phone: _____ |

Please indicate the position you are applying for: ___ Kitchen Staff ___ Arts & Crafts Staff	
___ Nurse ___ Activities Director ___ Lifeguard ___ Bible Teacher	
Please indicate the camp weeks you are willing to serve:	
_____ Junior Week 1 (July 5 – July 11)	_____ Senior Week 1 (July 19 – July 25)
_____ Junior Week 2 (July 12 – July 18)	_____ Senior Week 2 (July 26 – August 1)

Please contact the appropriate Area Head if you have any questions regarding the volunteer position you are applying for:

Kitchen

Matt Barksdale
203-788-2298
mcbtc@earthlink.com

Arts & Crafts

Alison Nadeau

Suzanne Lavoie
203-284-8770
Spl725@comcast.net

Nurse

Patti Bonzagni
401-294-4432

Activities Directors

Theresa Morrissey
203-808-7767
Littlefinn05@yahoo.com

Lifeguard

Suzanne Meserve
413-626-0492
suzzahl@msn.com

Bible Teacher

Junior Weeks

Tom Holmes

Thomas_E_Holmes@cox.net

Senior Weeks

Tim Tarbet

860-210-8100

timothybtarbet@yahoo.com

If you have any general questions regarding Tidal River Christian Camp, please contact:

Steve Schneider, President of the TRCC Board of Directors
319 Dunn Rd, Coventry, CT 06238
860-742-5223
Steve7519@charter.net

Statement of Contract

I have provided accurate information to Tidal River Christian Camp for the above noted position. If selected to serve in the above capacity, I will abide by the TRCC staff member guidelines. I will also commit myself to proper Christian conduct as a staff member of TRCC.

Applicant's Signature

Dated: _____

Please send back to: Steve Schneider, 319 Dunn Rd, Coventry, CT 06238



Please mail w/envelope seal signed to:
 Steve Schneider
 319 Dunn Rd
 Coventry, CT 06238

CONFIDENTIAL REFERENCE FORM
 Reference cannot be filled out by a relative or peer.

Name of Applicant: _____

Applying For Position Of: _____

Please answer the following questions to the best of your knowledge of the applicant. Thank you.

1. Please circle the appropriate number:

	POOR			AVERAGE			GOOD			SUPERIOR
TEACHABLE	1	2	3	4	5	6	7	8	9	10
PROMPTNESS	1	2	3	4	5	6	7	8	9	10
FOLLOWS INSTRUCTIONS	1	2	3	4	5	6	7	8	9	10
OUTGOING	1	2	3	4	5	6	7	8	9	10
EMOTIONAL BALANCE	1	2	3	4	5	6	7	8	9	10
CAPACITY TO WORK WITH CHILDREN	1	2	3	4	5	6	7	8	9	10
CAPACITY TO WORK WITH YOUTH	1	2	3	4	5	6	7	8	9	10
FULFILLS OBLIGATIONS	1	2	3	4	5	6	7	8	9	10
SENSE OF HUMOR	1	2	3	4	5	6	7	8	9	10
TEMPER CONTROL	1	2	3	4	5	6	7	8	9	10
FOLLOW-THROUGH ABILITY	1	2	3	4	5	6	7	8	9	10
ENTHUSIASTIC	1	2	3	4	5	6	7	8	9	10
TRUSTWORTHY	1	2	3	4	5	6	7	8	9	10
GETS ALONG WITH OTHERS	1	2	3	4	5	6	7	8	9	10
TACT	1	2	3	4	5	6	7	8	9	10
LEADERSHIP ABILITY	1	2	3	4	5	6	7	8	9	10
FRIENDLY	1	2	3	4	5	6	7	8	9	10
CHRISTIAN CHARACTER	1	2	3	4	5	6	7	8	9	10

2. Please circle any traits below which characterize this person:

*easily irritated fun intolerant argumentative humorous nervous responsible impatient compassionate
 cannot take a joke easily angered discouraged happy easily embarrassed bull-headed pleasant energetic
 always asking "why" depressed dishonest friendly frequently worried moody complainer sullen positive tense
 loving critical of others legalistic intelligent giving cooperative caring prompt sensitive creative
 good common sense task-oriented people-oriented patient committed influential conscientious*

3. How many years have you known the applicant? _____ In what capacity? _____

4. Do you know this person on a one-on-one small group (3-29) medium group (30-99) large group (100+) basis?

5. Please comment on the applicant's spiritual life. _____

6. Would you completely trust this individual to guide and care for you child in a one-on-one and group setting? Y N

7. To the best of your knowledge, has this applicant ever been expelled or suspended from school or employment or charged with, arrested for, or convicted of any offense or the violation of any statute or law? Y N

8. I would strongly recommend recommend recommend w/reservation not recommend the applicant for the position

What specific reason would you give for hiring or not hiring the applicant? _____

9. I expect the applicant's work to be: POOR AVERAGE GOOD SUPERIOR

Signature of Reference Person Printed Name Position Phone Date

Address City State Zip Code



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 319 Dunn Rd
 Coventry, CT 06238

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