



Camp John Knox Summer Staff Application

Name _____

Position Applying For: Assistant Program Director Worship Leader Adventure Counselor

Media Specialist Counselor Support Staff

Sex _____ Date of Birth ____/____/____ Social Security Number ____/____/____

Did anyone encourage you to apply? Name: _____ Relationship to you: _____

Years at Camp John Knox as a: Camper _____ Staff Member _____

Contact Information

Permanent Address _____

City _____ State _____ Zip Code _____

(We will send your official "hard copy" paperwork if needed to this address to ensure receipt)

Cell Phone (____) _____

E-mail Address _____ T-shirt Size _____

(We plan to do most of our paperwork and communication electronically. Please check your email often.)

Church Membership _____

(optional) (Church) (City)

Education

College Attending (if applicable) _____

Your College Address (if applicable) _____

City _____ State _____ Zip Code _____

Career Goals _____ Present Class or Graduating Year (if applicable) _____

Major Studies (if applicable) _____

Skills & Certifications

Place a "1" in front of all skills you have considerable experience with & a "2" in front of all skills you have some experience with.

*Place a "C" next to any skill you are currently certified in.

Arts and Crafts Canoeing Group Activity Leadership

Singing Lifeguarding Camping Skills

Song Leadership High Ropes Digital Photography

Musical Instrument Low Ropes/Challenge Course Maintenance Skills

Instrument: _____

Other: _____

Application Questions

In order to get better acquainted with you, please respond to the following questions and statements

1. Please tell us about your Christian faith. You may wish to include persons, groups or events that have been or are important to your faith. In what ways are you currently living out your faith

2. List and describe four characteristics you think are important for a summer staff member at a Christian Camp to possess.

3. Why are you interested in working with children in a Christ-centered environment? What challenges do you expect and how will you deal with those?

Employment and References

Present Employment (if any) _____

Supervisor Name _____ Employer Phone Number(_____) _____

References: List the names of a minister, teacher, employer, or others that could give a personal reference for you. **Include their name, e-mail address, phone number, and relationship to you.**

	Name	E-Mail Address	Phone Number	Relationship to you
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

By signing this application, I give permission for John Knox Center to conduct a background check including State, local, criminal, and child abuse records. I also give John Knox Center permission to contact my references and previous employers for information about my character, work ethic, skills, and experience.

Signature _____ Date _____

If under 18 - Parent/Guardian Signature _____ Date _____

Please return application to: John Knox Center c/o Penny Laitos 591 W Rockwood Ferry Rd. Ten Mile, TN 37880

For questions or more information please contact the John Knox Center Program Director at

(865)466-8525 or penny@johnknoxcenter.org