

February 1, 2008

Dear Camp St. Paul Staff:

I pray this finds you well and blessed with every good thing to embrace the new year.

Enclosed you will find a staff application packet for Camp Saint Paul 2008. The dates for camp this summer will be:

**Week 1**

**June 28<sup>th</sup> – Mandatory orientation at Church of Our Saviour (All Staff)**

**June 29<sup>th</sup> – 3pm Staff arrival for orientation**

**June 30<sup>th</sup> – Camper arrival**

**July 6<sup>th</sup> – Camper departure**

**Week 2**

**June 28<sup>th</sup> –Mandatory orientation at Church of Our Saviour (All Staff)**

**July 6<sup>th</sup> – 3 pm Staff arrival for orientation**

**July 7<sup>th</sup> – Camper arrival**

**July 13<sup>th</sup> - Camper departure**

We are in need of staff and we are asking you to help us in committing to the program and spreading the word. Last summer was a great program and it was entirely because of staff like you. For more information please feel free to call me at 914-967-2838, or email me at [frelias@optonline.net](mailto:frelias@optonline.net) If you worked with us last year, reference letters are not necessary but everything else is required, most especially the health form.

I look forward to your response and I pray the grace of the Lord be upon you and your family always.

Yours in Christ,

Fr. Elias  
Camp Director



# CAMP ST. PAUL 2008 STAFF REQUIREMENTS

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## Purpose

*As a staff member, it will be your goal to ensure that the objectives of the camp are met for each and every camper:*

- For all the participants to have a safe, positive, and fun experience. For participants to increase their understanding of the Orthodox Faith and Hellenic culture.
- For participants to return to their homes with an increased enthusiasm to continue to learn and grow in their Orthodox Faith and fellowship.

## Duties & Responsibilities

*As a staff member your assigned duties will include, but are not limited to:*

- Assignment and lodging in a cabin of 12-18 campers with one or two other staff members. This includes all assigned aspects of the campers' day including: worship, cabin clean-up, meal times, daily activities, cabin time, getting ready for bed, as well as other aspects specified by the Camp Director.
- Assignment to a department area, such as Arts and Crafts, Athletics, Aquatics, Orthodox Life or the Infirmary.
- To execute and support the camp policies and procedures.

## Expectations

- To be a positive role model for campers and others, which includes adhering to camp policies and rules, as well as maintaining cleanliness, punctuality, sportsmanship, table manners, proper dress attire, and Orthodox Christian faith and morality.
- Camp Saint Paul is an Orthodox Christian program and staff members are expected to adhere to standards of behavior that are appropriate to the morals and values of the Orthodox Church. Staff will also be expected to model Christian modesty in their choice of attire and behavior.
- To desire and be able to work with young people and teenagers.
- To have enthusiasm, a sense of humor, patience and self-control.
- To ensure the physical, emotional, and spiritual health and safety of our campers.
- To work well in close proximity with others throughout the camp program.
- To be willing to take direction.

## Age

Counselors in Training must be at least seventeen years of age and have finished their senior year in high school. Counselors must be at least 19 years old on or by **July 1<sup>st</sup> 2008**.

## Training

Camp Staff are expected to attend training sessions prior to camp. There will be a **mandatory training session for staff from both sessions on Saturday, June 28<sup>th</sup>** at the Church of Our Saviour in Rye, NY. Training sessions will also take place for **Session I staff on June 29<sup>th</sup> and Session II staff on July 6<sup>th</sup> (one day before camper arrival)**. Anticipated absences must be requested in writing. Emergency leave absences are granted at the discretion of the Camp Director.

## References

This packet includes three reference forms, one to be completed by your **Parish Priest**, and two to be completed by **non-relative** adults who have knowledge of your suitability for the position (teachers, coaches, etc.). It is your responsibility to either collect the completed, sealed references- and include them with your application or make sure they are sent to the camp. Please carefully follow the instructions given on the reference forms.

## Screening

For the safety of our campers, each staff applicant must complete and sign a voluntary disclosure statement. This Statement gives permission to Camp St. Paul to run a criminal background investigation for each applicant.

## Applications

All applications must be postmarked no later than **June 1<sup>st</sup>, 2008**. A completed application will include the following:

- A completed and signed Staff/Counselor Application Form (attached).
- Physical or statement of health within last 3 years/signed Health History form
- Immunization records or statement from physician verifying status.
- Photocopy of Driver's License or Government issued I.D./photocopy -Social Security Card (if U.S. citizen)
- References completed by your Parish Priest and two non-relatives
- Essay questions (see application)



# CAMP ST. PAUL 2008 STAFF APPLICATION

Please type or print clearly

Date of this Application: _____ Have you applied before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year(s)? _____
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Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Last First Middle

Current Mailing Address: \_\_\_\_\_  
Street & Number City State Zip

Permanent Address: \_\_\_\_\_  
Street & Number City State Zip

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_  
Month/Day/Year

Are you an Orthodox Christian?  Yes  No

Parish: \_\_\_\_\_ Parish Priest: \_\_\_\_\_

Will you be available to work from **June 30- July 6, 2008? Week 1**  Yes  No  
**July 7- July 13, 2008? Week 2**  Yes  No

In which of the following areas do you have interest in teaching or assisting?

Arts & Crafts  Athletics  Orthodox Life

**LIST ANY CURRENT CERTIFICATIONS:** (RN, MD, Lifeguard, First Aid, CPR, etc.) Attach copies, including expiration dates.  
 Camp St. Paul Staff members are strongly encouraged to certify in CPR and First Aid.

**LIST ANY TEACHING OR YOUTH MINISTRY EXPERIENCE:** \_\_\_\_\_

## EDUCATION

NAME OF INSTITUTION	DATES	MAJOR	DEGREE

## WORK EXPERIENCE

EMPLOYER	ADDRESS/PHONE	DATES	POSITION & JOB DESCRIPTION

## CAMP EXPERIENCE

NAME OF CAMP & LOCATION	DATES	DIRECTOR'S NAME	CAMPER OR STAFF

## REFERENCES

*(List three non-relatives, one being your parish priest; all three must complete and return the enclosed Reference Request forms)*

NAME	ADDRESS/PHONE	RELATIONSHIP TO YOU

Are there any reasons you may have difficulty in performing any of the duties of camp counselor?

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of any misdemeanor or felony? *(Do not include traffic infractions)*  Yes  No

If yes, please give dates, country, state, county and sentence information. \_\_\_\_\_  
 \_\_\_\_\_

## SKILL ASSESSMENT

Mark "I" those areas you can organize and TEACH, and "A" those areas you can ASSIST in organizing or teaching.

Orthodox Life	Music & Theatre	Athletics	Arts & Crafts
___ Theology	___ Acting	___ Aerobics	___ Ceramics/pottery
___ Counseling	___ Singing	___ Soccer	___ Decoupage
___ Byzantine Music	___ Stage Production	___ Basketball	___ Poetry
___ Other _____	___ Skits	___ Tennis	___ Drawing/sketching
	___ Choral Music	___ Volleyball	___ Iconography
	___ Other _____	___ Softball	___ Painting
		___ Ping-pong	___ Photography
		___ Other _____	___ Leather work
			___ Other _____

### PLEASE ANSWER THE FOLLOWING QUESTIONS AND SUBMIT THEM ON A SEPARATE SHEET OF PAPER.

1. In one sentence give your No. 1 reason for wanting to join the Camp St. Paul Staff.
2. Why are you interested in working in a camp setting and why specifically does Camp St. Paul interest you?
3. Is there anything that concerns you about serving as camp staff member?
4. What contributions do you think a well-run camp can make to children?
5. Describe an experience that has had a major impact on your life.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**APPLICATION DEADLINE: JUNE 1, 2008**

Return this application to:

Camp St. Paul C/O Greek Orthodox Church of Our Savior • 2195 Westchester Ave • Rye • NY 10580  
 Tel: 914-967-2838 • Fax: 914-967-0164 • E-mail: [fr Elias@optonline.net](mailto:fr Elias@optonline.net)



# CAMP ST. PAUL 2008 REFERENCE REQUEST

*Information provided will remain confidential.*

\_\_\_\_\_ has applied for a staff position with Camp St. Paul and has given your name as a reference who could evaluate his/her past performance as well as potential for the position for which they are applying. We would appreciate your feedback as indicated below. The references are an important part of the application process and your thoughtful and frank comments will be appreciated. Please return this form to the applicant as soon as possible. The application deadline is **June 1st 2008**

Camp St. Paul is the summer camp program of the Direct Archdiocesan District of the Greek Orthodox Archdiocese of America. The applicant, if selected, will be responsible for the daily care of children and or adolescents, as well as supervising various camp activities. The applicant will work as a camp counselor with children 12 to 18 years of age.

## **Objective Rating**

Under each question, check the phrase, which most accurately describes the applicant's habitual behavior with regard to that specific trait. Please remember that it will be the truly exceptional person who ranks high in *all* categories.

1. How well is the applicant able to direct and influence others along definite lines of action?
  - Poor leader; incapable of leading others
  - Usually follows the lead of others
  - Normally successful in directing and controlling others
  - Very successful in leading others
  - Exceptional leader; inspires others along desirable lines of action
  
2. How well does the applicant work with associates and others for the good of the group?
  - Cooperates grudgingly: makes trouble - obstructionist
  - Gives limited cooperation: neglects common good for own interests
  - Cooperates with others toward accomplishment of common cause
  - Cooperates willingly and actively regardless of self-benefit: makes things go smoothly
  - Exceptionally successful in working with others and inspiring confidence
  
3. How does this applicant react to suggestions or criticisms by others?
  - Takes criticism as a personal insult
  - Resents suggestions
  - Listens to suggestions but may act without considering them
  - Follows suggestions willingly
  - Asks for criticisms and suggestions
  
4. How responsible is the applicant? Able to competently get things done on his/her own?
  - Irresponsible even under supervision
  - With constant supervision will do satisfactory work
  - Usually needs detailed instructions with regular checks of work
  - Carries out routine activity on own responsibility
  - Exceptionally able to accomplish work without close supervision
  
5. How well does this applicant put his/her principles and convictions into action?
  - Fails to carry out convictions under adverse circumstances
  - Acts according to convictions under normal circumstances
  - Carries out principles and convictions constantly and boldly even in face of obstacles
  
6. How well does this applicant apply energy and persistence in following a job through?
  - Needs much prodding to complete work
  - Rather indifferent; does not finish job
  - Completes assigned tasks of own accord
  - Industrious, energetic; dependable at all times
  - Unusual perseverance; does more than expected

7. How well does this applicant control his/her emotions?
- Easily depressed, irritated or elated
  - Tends to be over-emotional
  - Unresponsive; apathetic
  - Tends to be unresponsive
  - Usually well-balanced
  - Well balanced
  - Unusual balance between responsiveness and control

**Narrative Report**

Please state briefly specific instances in which you have observed the applicant's behavior as it applies to any of these items. If you have no knowledge, please say so.

- a. Impression of suitability as a camp counselor. Would you be willing to have your children under this individual's supervision for a period of weeks in a camp situation? If not, why not?
- b. Maturity of judgment. How does this person react in situations of stress, i.e. make decisions?
- c. Ability to lead campers toward the spiritual objectives of the camp. Ability to lead discussions, prayers? Provide a positive influence and example.
- d. Nature of associates. Describe the types of people with whom the individual habitually associates.
- e. Dependability. Can he/she be relied upon? Does this person weaken in the absence of authority?
- f. Have you had the opportunity to observe the applicant working in leadership situations with school aged children? If so, in what kind of setting? How did the applicant perform?
- g. How would you describe this applicant in terms of character and maturity?
- h. To what extent does the individual use drugs/alcohol?
- i. To your knowledge, does this individual have any tendency toward child or sexual abuse?
- j. Priests: Please reflect on the applicant's spiritual maturity. What role does his/her Orthodox faith play in their life?
- k. How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

\_\_\_\_\_  
 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to applicant as soon as possible  
 If you have any questions, please call us at 914-967-2838. *Thank you for your assistance.*

## Health History Form for Camp Staff

*\*Because we want to support your ability to do your job well, please complete this form accurately and completely.*

Return Completed Form to

**[Insert Camp Name & Address]**

**Questions?**

Call [insert name] at [insert phone number].

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Month Day Year

Permanent Address: \_\_\_\_\_

Preferred Phone #: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Your Contract Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

International Staff: rate your ability to speak English. 0 1 2 3 4 5

None Good Excellent

- Return this form to our camp office at least four weeks before you arrive. People hired within four weeks of their start date should not send this form ; bring it with you and give it to the Health Center staff at camp.
- Keep a copy of the completed form for your records; note changes that occur and inform the healthcare provider of these changes.
- Notify the camp director if you are exposed to a communicable disease within three weeks of beginning your job.
- The camp expects that you arrive in good health and capable of doing the job for which you were hired.
- Information on this form is available to Health Center staff and your work supervisor(s).

**Allergies:** Check those that apply to you.

\_\_\_\_\_ I have no known allergies.

\_\_\_\_\_ I have an allergy to this food: \_\_\_\_\_ This causes anaphylaxis?  Yes  No  
Describe what happens if you eat this food and how the reaction is managed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I am allergic to this medication/s: \_\_\_\_\_ This causes anaphylaxis?  Yes  No

\_\_\_\_\_ I am allergic to these substances: \_\_\_\_\_ This causes anaphylaxis?  Yes  No  
Describe what happens if you eat this food and how the reaction is managed:

\_\_\_\_\_

\_\_\_\_\_

**Nutrition:** Our expectation is that staff set an example for campers by eating the provided menu. We can work effectively with some medically prescribed diets but cannot cater to individual food preferences. There are times when you might need to simply not eat a served item.

\_\_\_\_\_ I eat a regular, varied diet and am prepared to eat a variety of foods while at camp.

\_\_\_\_\_ I am a vegetarian of this type:  Semi-vegetarian (no pork or beef)  Vegan (no meats, eggs or dairy)

Pesco (no pork, beef or chicken)  Lacto-ovo (no beef, pork, chicken, seafood, or fish)

\_\_\_\_\_ I am lactose-intolerant. Be prepared to manage your intolerance using products such as Lactaid or food avoidance.

\_\_\_\_\_ I avoid \_\_\_\_\_ because of religious beliefs. [Insert this if appropriate: Camp kitchens are not kosher.]

\_\_\_\_\_ I respond with an anaphylactic reaction when I eat this food: \_\_\_\_\_

**Chronic Concerns:** Check all that pertain to you and provide information about supportive health care. *\*Asthma or Diabetes? Complete additional form available [insert information here].*

\_\_\_\_\_ I have no chronic health concerns.

\_\_\_\_\_ I have the following chronic health concern(s):  Asthma\*    Headaches/Migraines    Sleep problem    Diabetes\*  
 Difficult breathing    Dysmenorrhea    Fainting    Surgery history    Seizure disorder: \_\_\_\_\_  
 Back pain or injury    Knee or ankle weakness    Other: \_\_\_\_\_

Provide information about supportive healthcare needed for each checked item:

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**Immunization History:** Provide the month & year for immunizations. Asterisked (\*) immunizations must be current.

Immunization	Date — Month(s) & Year(s)	Immunization	Date — Month(s) & Year(s)
Tetanus Booster*	Current within 10 years:	Polio*	
Varicella* (Chicken Pox)		MMR (Mumps, Measles, Rubella)*	
Meningitis		Pneumococcal	
Pertussis Booster (Whooping Cough)	Recommended Update at 12 years:	DPT (diphtheria, tetanus, pertussis)*	
Hepatitis B		Hepatitis A	
Influenza			

**Medication:** Bring enough medication to last or bring your written prescription to order a refill. Prescription meds **MUST** be in pharmacy containers with appropriate labels; other remedies must be in original container. International Staff: translate information to English.

\_\_\_\_\_ I do not take medication on a routine basis.

\_\_\_\_\_ I take routine medication (include vitamins) as noted below.

Name of Medication	Reason for Taking It	Dose Given & When	Date Started?
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	

## General Physical History

1. Have you ever been hospitalized? ..... Yes No  
Have you ever had surgery? ..... Yes No
2. Have you ever passed out during or after exercise/physical exertion? ..... Yes No  
Have you ever been dizzy during or after exercise/physical exertion?..... Yes No  
Have you ever had chest pain during or after exercise/physical exertion?..... Yes No  
Do you tire more quickly than your friends during exercise/physical exertion? ..... Yes No  
Have you ever had high blood pressure?..... Yes No  
Have you ever been told that you had a heart murmur?..... Yes No  
Have you ever had racing of your heart or skipped heartbeats?..... Yes No
3. Do you have skin problems (itching, rashes, acne)? ..... Yes No
4. Have you ever been knocked out, fainted, or become unconscious? ..... Yes No  
Have you ever had a seizure? ..... Yes No  
Have you ever had a stinger, burner, or pinched nerve? ..... Yes No
5. Have you ever had heat or muscle cramps? ..... Yes No  
Have you ever been dizzy or passed out in the heat? ..... Yes No
6. Have you ever sprained, strained, dislocated, fractured, broken, or had repeated swelling or other injuries to any of your body areas?  
..... Yes No  
If so, where?  Head  Shoulder  Thigh  Neck  Chest  Forearm  Shin/calf  
 Back  Wrist  Hand  Ankle  Elbow  Knee  Hip  Foot  
Can you lift and carry 30 pounds (14 kilograms) at least ten times without assistance or discomfort?..... Yes No
7. Have you had chicken pox or are you immunized for chicken pox?..... Yes No
8. Have you had mononucleosis in the past nine months? ..... Yes No
9. Do you have an uncorrected hearing problem?..... Yes No  
Do you have an uncorrected vision (sight) problem?..... Yes No  
Do you wear glasses or contacts or use protective eye wear? ..... Yes No
10. Do you smoke and/or use other tobacco products? ..... Yes No
11. Do you have any piercings?..... Yes No  
If so, where?  Ears  Eyebrow  Nose  Tongue  Belly Button  Nipple  Other: \_\_\_\_\_
12. Do you have any problems with your teeth?..... Yes No
13. Have you been in countries other than the United States in the past nine months?..... Yes No  
If yes, list the countries and the length of time spent in them.  
Country: \_\_\_\_\_ Dates: \_\_\_\_\_  
Country: \_\_\_\_\_ Dates: \_\_\_\_\_  
Country: \_\_\_\_\_ Dates: \_\_\_\_\_
14. For women: Do you have a menstrual problem (pain, irregularity, etc.)? . . . . . Yes  
No  
Explain and/or provide more detail about the General Physical Health questions to which you responded "yes."  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your physician: \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of your dentist/orthodontist: \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_

**Mental & Emotional Health Information**

- A. Have you been diagnosed with attention deficit disorder (ADD) or AD/HD. . . . . Yes No
- B. Do you have a psychiatric diagnosis such as depression, OCD, panic/anxiety, bipolar disorder that will impact your work? . . . Yes No
- C. Do you have an eating disorder that will impact your work? Type: \_\_\_\_\_ . . . . Yes No
- D. Do you have a learning disability that will impact your work? Type: \_\_\_\_\_ . . . . Yes No
- E. Do you have an emotional health concern that will impact your work? . . . . . Yes No
- F. During the past year, have you seen a professional about mental/emotional concerns that will impact your work?

If "yes" to any question in this section, attach a statement that:

- (a) Describes the concern and your management plan for addressing it while working at camp; and
- (b) Describes the support needed from your work supervisor to compliment your plan. Refer to the Essential Functions of your job, available [insert location], if there are questions.

**Paying for Health Care:**

- There is usually no charge for health care provided by the camp's Health Center staff.
- Staff are financially responsible for health care provided by out-of-camp providers.
- If you will be using personal insurance while working at camp, it is your responsibility to know how to access that insurance. Bring your insurance card and know how to use it. Consider obtaining pre-authorization if your insurance requires this.

**Emergency Contact:** Whom do you want us to contact in an emergency?

First Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**Authorization for Health Care:** Parental signature required for staff less than 18 years of age.

This health history is correct insofar as I know. I am capable of performing the essential functions of my job and participating in assigned work duties as noted on this form. I understand my health information will be used by the camp Health Center staff in providing care to me and may be reviewed by work supervisor.

Signature of Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if needed): \_\_\_\_\_ Date: \_\_\_\_\_

