

**Camp Jacob**2723 Camp Jacob Rd  
Clintwood, VA 24228

(276) 926-8960

Fax is available

[daniel@campjacob.com](mailto:daniel@campjacob.com)[www.campjacob.com](http://www.campjacob.com)**COUNSELOR APPLICATION**

*Interested individuals should complete the application and send it and the three references to Camp Jacob by March 15<sup>th</sup>. If more space is need, attach additional sheets or write on the back.*

Date of application \_\_\_\_\_

1) Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

2) Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

3) Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

4) Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Email \_\_\_\_\_

5) Shirt Size (for polo staff shirt): Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ XXL \_\_\_

6) Present address \_\_\_\_\_

7) Permanent address \_\_\_\_\_

8) List the last three jobs held, dates worked, and reasons for leaving (most recent first):

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

9) Education:

a) High School attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Graduation date (month/year) \_\_\_\_\_

b) College or technical schools attended or attending (list most recent first):

i) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ii) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

iii) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

c) College degree(s) obtained or pursuing: \_\_\_\_\_

10) Special Training or Certifications: \_\_\_\_\_

11) Summarize your participation in extracurricular activities.

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12) Is your health: excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor \_\_\_\_\_

13) Have you had a recent major operation or serious illness? \_\_\_\_\_ if so, explain \_\_\_\_\_

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- 14) Do you agree to support the Camp Jacob Standards For Summer Camp? \_\_\_\_\_
- 15) Do you agree with the Camp Jacob Doctrinal Statements? \_\_\_\_\_
- 16) Do you have a physical disability or require special accommodations? \_\_\_\_\_ if so, explain \_\_\_\_\_

17) Home Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

- 18) Have you been born again? \_\_\_\_\_
- 19) What is the basis for your assurance of salvation? \_\_\_\_\_

20) Have you attended camp as a camper? \_\_\_\_\_ if yes, list years and locations \_\_\_\_\_

21) Camp staff experience (years and places): \_\_\_\_\_

22) What abilities, skills or talents do you have that you think could be used at camp? (example: Guitar, piano, crafts, basketball, fishing, etc. ) \_\_\_\_\_

23) Why would you like to be on the staff of Camp Jacob? \_\_\_\_\_

24) What type of church work or Christian service have you done before? \_\_\_\_\_

25) Is your family in favor of your coming to work at Camp Jacob? \_\_\_\_\_ Explain. \_\_\_\_\_

26) Do you authorize Camp Jacob to inquire from church and school personnel about your qualifications and suitability for a staff position? \_\_\_\_\_

27) Do you authorize Camp Jacob to perform criminal background checks on you? \_\_\_\_\_

28) In the following list, put 1 before activities you can organize and lead, 2 for those in which you can assist, and 3 for those with which you are slightly familiar. Leave blank any activities for which you have no experience.

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|-------------------|---------------|----------------------|------------------------|
| _____ Bible Study | _____ Singing | _____ Skits          | _____ Recreation/Games |
| _____ Fishing     | _____ Hiking  | _____ Canoeing       | _____ Outdoor Cooking  |
| _____ Swimming    | _____ Crafts  | _____ Crazy Contests | _____ Store Management |

PLEASE OBTAIN THREE NON-FAMILY REFERENCES. HAVE THE INDIVIDUAL COMPLETE THE CAMP STAFF REFERENCE FORM AND RETURN IT BY FAX OR BY MAIL TO CAMP JACOB.