

Application Update for Returning Staff

Winter Camp

Summer Camp

_____ Date of Application Update

Name _____ Social Security Number _____

Permanent Address _____ Phone _____
Street & Number City State Zip

E-mail Address _____

School or Business Address _____ Phone _____
Street & Number City State Zip

Date you will be leaving School Address _____ Will you be 18 or over by the start of camp _____ (both questions for paperwork purposes)

Job Applying For _____ Job Held In Past _____

Are there any reasons you may have difficulty performing any of the essential elements of the job for which you have applied? ___Yes ___No If so please explain _____

If you are re-hired would you desire or need housing for any person(s) other than yourself at camp? ___Yes ___No

Tell us what you have done since you were last at Glen Brook. (School, work, life?)

Tell us anything you would like to keep the same or change in your role at GB. (E.g.: Please give me my group back! Please don't make me do it again! I'm dying to teach archery! I hope all the canoes sink so I never have to paddle again!)

Being an experienced counselor, what would some of your goals be or what would be some of the new things that you see yourself doing at camp this summer? Please also include several elective activities you would like to lead.

What would you like to pass on to new staff about Glen Brook? (How could you help during staff training week?)

Have you received any new certifications or updated old certifications? (E.g. waterfront, first aid /cpr, riding, archery)

Next to each **bold heading** please put numeral “1” for those activities you can organize and teach; “2” for those activities in which you can assist in teaching; “3” for an interest in learning about and participating with. *Leave blank areas you do not have skill or interest in.* The headings are followed by specific skills/activities. Please place “1” next to skills/activities you can organize and teach and “2” next to skills/activities you would like to assist with. Again, *leave blank areas you do not have skill or interest in.*

Glen Brook Activity Areas (winter camp applicants can skip this section)

Adventure/Challenge

- ___ Ropes Course
- ___ Initiative Games

Sports

- ___ Tennis*
- ___ Soccer*
- ___ Softball*
- ___ Cooperative Games
- ___ Relay Games
- ___ Ping Pong*
- ___ Mountain Biking*

Woodworking

- ___ Power tools
- ___ Hand tools
- ___ Joinery
- ___ Carving

Arts & Crafts

- ___ Ceramics
- ___ Jewelry
- ___ Macramé

- ___ Nature Crafts
- ___ Painting
- ___ Sketching
- ___ Papermaking
- ___ Felting
- ___ Fabric/Wool dying

Wilderness Trip Leadership

- ___ Backpacking
- ___ Canoeing
- ___ Rock Climbing

Performance

- ___ Lead Singing
- ___ Guitar Accompaniment*
- ___ Instruments
- ___ Guitar*
- ___ Piano*
- ___ Recorder*
- ___ Square Dancing*
- ___ Folk Dancing*
- ___ Other Dance Forms*

- ___ Skits
- ___ Play Directing
- ___ Storytelling
- ___ Leading Campfire Programs

Nature

- ___ Birds
- ___ Trees/Plants
- ___ Tracking
- ___ Ecology
- ___ Wildlife

Farm Life

- ___ Gardening
- ___ Farm Animals

Archery

Waterfront

- ___ ARC/WSI
- ___ ARC/LGT

- Other Certifications:
- ___ Canoeing/Kayaking
 - ___ Swim instruction
 - ___ _____

Miscellaneous

- ___ Standard First Aid Cert.
- ___ Wilderness First Aid
- ___ Wilderness First Responder
- ___ CPR Cert.

Other Certifications: _____

***Primarily offered as electives to oldest campers, as evening electives/celebrations, or part of games class**

From the areas (**in bold**) that you selected, please list the **TWO** that you have the most experience with, are able to teach/assist, and are most passionate about. (training may be available for activities that you would like to teach but have limited experience with—call for details).

1. _____
2. _____

Winter Camp applicants please list winter sports you enjoy: _____

If you are at least 21 please answer the following:

Do you Drive? ___Yes ___No Valid Driver’s License? ___Yes ___No State _____

Do you have a Commercial Driver’s license? ___ Yes ___ No

Name on License _____ License Number _____

State (Country) _____ Expiration Date _____ DOB _____

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Signature _____

All statements become part of any future employee personnel files.

Please return to: **Camp Glen Brook, 35 Glen Brook Road Marlborough NH. 03455**

Office: (603) 876-3342 Fax: (603) 876-3763 E-mail: glenbrook@glenbrook.org