

Camp Counselors Skills (* must be specialized skills)

| | | | |
|--|---|--|---|
| ARTS & CRAFTS Ceramics /Pottery Jewelry Making Leather Working Nature Craft Painting Photography Screen Printing Sculpture Tie-dye Stained Glass Woodworking | Ski Boat Driving Sailing Scuba Diving Swimming Waterskiing Windsurfing | Camp Crafts Camping Go-carts Hiking Horseback Riding Low/High Ropes* Mountain Biking Orienteering Outdoor Cooking Riflery Rock Climbing* | Lacrosse Martial Arts Roller Hockey Roller Blading Soccer Tennis |
| WATERFRONT Canoeing Diving Kayaking Lifeguard/CPR* Rowing | SCIENCE & NATURE Ecology Farm Animals Marine Biology Radio Amateurs Rocketry Scouting Outdoor Education | LAND SPORTS Archery Baseball Basketball Fencing Golf Gymnastics | PERFORMING ARTS Ballet Choreography Circus Arts Costume/Set Design Guitar Magic Musical Instruments Piano Stage Direction Video Production |

Select from the skills/positions you listed above

List the top three skills that you are capable of and willing to instruct at camp. Describe in detail all personal and teaching experience you have in connection with these skills, including the length of time involved with the skill and how old you were at the time.

SKILL 1

SKILL 2

SKILL 3

EXPERIENCE WITH CHILDREN

Describe the most recent and relevant experiences you have had with children; list children's ages, your responsibilities and years involved. (Use a separate sheet if necessary).

Which age groups have you had prior **work experience**? Check all that apply. (Cabin counselors live with approximately 5-10 campers grouped by age and grade in school.)

- 5-7 years
 8-10 years
 11-12 years
 13-15 years
 16-17 years
 Adults

MEDICAL HISTORY

If accepted, you are **required** to have a doctor verify your medical history and fitness for the CCUSA program. The **CCUSA Medical History form** is included. **You must be available to work from June 15 until September 1.** This form must be completed by your doctor and you must bring this form with you to camp.

- YES NO Are you in good health? If no, explain _____
- YES NO Any physical disabilities? If yes, explain _____
- YES NO Any allergies? If yes, specify _____
- YES NO Are you a vegetarian or vegan? If yes, check which Vegetarian Vegan
- YES NO Any special **dietary needs**? _____ (special dietary needs cannot always be accommodated at camp)
- YES NO Do you consume alcoholic beverages? If yes: Daily Weekly Every 2 weeks On special occasions
- YES NO Are you prepared not to consume alcoholic beverages whilst on duty at camp?
- YES NO Do you smoke? If yes, how often? _____
- YES NO Camp California is a smoke-free environment. Are you prepared **not** to smoke for the summer on camp premises?
- YES NO Are you presently or have been in the last two years on any medication? If yes, explain _____
- YES NO Have you ever suffered a nervous breakdown, depression or other emotional disorders? **If yes, provide separate description.**
- YES NO Are you currently or have you ever received psychiatric care? **If yes, provide separate description.**
- YES NO Have you ever suffered from an eating disorder? **If yes, provide separate description.**
- YES NO Have you ever had a drug addiction/problem? **If yes, provide separate description.**
- YES NO Do you have any visible tattoos or body piercing? If yes, explain _____
- YES NO Are you willing to cover your tattoos and cover or remove your body piercing? If no, explain _____

YOUR PERSONALITY

What are your strongest qualities? _____

What personal characteristic would you like to improve? _____

What will you share culturally with Camp California? _____

How would you describe yourself to someone who didn't know you? _____

What do you perceive to be the responsibilities of a Camp California staff member? _____

Why have you decided to work at camp for this summer? _____

Camp life is often very structured with long working hours, hard work, no drinking alcoholic beverages, no smoking, and curfews. How will you adapt to following these strict rules at camp? _____

Why should we choose you as a staff member for Camp California? _____

BACKGROUND CHECK

Have you ever been arrested or convicted of a criminal offense or are you at present, the subject of a criminal investigation? YES NO
(If YES, a detailed explanation must be enclosed on a separate piece of paper)

Have you ever been charged with or convicted of sexual abuse or molestation? YES NO

Because you will be working directly with children, a criminal records check from the police department is required. It is not necessary to submit this with your application, but you will be required to bring your criminal record check with you to camp and submit a copy to the CCUSA office in your home country prior to leaving for camp.

SIGN AFTER COMPLETING THIS APPLICATION FORM: I have completed this application fully and honestly, and have read and agree to abide by the terms, conditions and rules as outlined in the CCUSA program agreement. Any false information on this application is grounds for cancellation. I agree to be covered by insurance for the duration of my stay in the United States. I will abide by and follow all camp rules including no drinking of alcoholic beverages. I hereby give permission for any necessary emergency medical care. I allow CCUSA to forward my name, address and phone number to the preferred travel agent and/or to other participants placed at the same camp or traveling on the same flight. I allow CCUSA to use any photos taken of me at CCUSA meetings, at orientation sites, and/or at my camp location for publicity purposes.

Applicant's signature _____ Date _____

How did you hear about our program? _____ If referred by someone, please write their name: _____

(Be sure to complete the Autobiographical Essay)



How to Complete The Reference Questionnaire

Please read before completing the reverse side of this form.

Dear Sir or Madam,

The person named on the reverse side of this form has applied for a position as a **counselor** on the Camp Counselors USA program at Camp California in Croatia. Your honest appraisal of this applicant will assist us in determining if the applicant is suitable to participate in the camp program in the Croatia.

The applicant must possess responsibility, flexibility, a sense of humor and a high level of moral integrity.

Counselor: As a counselor, the participant will be required to teach, lead and be a friend to a group of children aged anywhere from nine to fourteen. Their primary responsibility is to ensure the children's safety and well-being and to help make the children's camp experience fun and rewarding. Their tasks usually include planning, leading, and joining in activities. The daily routine will depend on whether the participant is a general or a specialist counselor. A specialist focuses on teaching one particular skill, while a general counselor is involved with the overall supervision of a group of children. All counselors perform a wide variety of duties with children, and each day brings something new. Counselors live in cabins with children and often spend 24 hours a day for nine weeks with them.

As the referee, you need to make an objective assessment of the character and abilities of the applicant. Any additional comments which will help us to determine the suitability of the applicant are appreciated. **Your quick response is encouraged** as we are unable to proceed with the application without your reference. If you wish to share any reservations about the suitability of this applicant in private, please contact the Camp Counselors USA office.

This Reference Questionnaire should be completed by a teacher, coach, tutor, employer, priest, minister or rabbi. WE CANNOT ACCEPT REFERENCES FROM FAMILY MEMBERS, RELATIVES OR FRIENDS.

Thank you!

Please return the Reference Questionnaire as soon as possible to the applicant in a sealed envelope.
(Application cannot be processed without your reference).

Use the space below for additional comments.

Email: comments@ccusa.com Telephone in the USA: 1-415-339-2728



Reference Questionnaire

Applicant's Name _____ ID#

| | | | | | |
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| | | | | | |
|--|--|--|--|--|--|

To be completed by referee after reading the reverse side of this form. Because of the important responsibilities in a program involving children, your honest appraisal of the applicant is of the utmost importance. The information you provide is appreciated and will remain confidential. **Family members and peers—please do not complete this form.**

PERFORMANCE EVALUATION

Please check the items for which you have sufficient knowledge about the applicant:

| | Excellent | Very Good | Good | Fair | Not Applicable/ Unable to Answer |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Work habits/organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Adaptability/flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Relationship with co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Leadership abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ability to work in groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ability to relate to children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Children's response to applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Perseverance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OBJECTIVE RATING

Under each heading, check the phrase which most accurately describes the applicant:

1. Ability to direct and influence others:

- Exceptional leadership qualities
- Usually successful in leading others
- Unreliable leadership qualities

3. Ability to relate to and give guidance to children:

- Children naturally get along very well with applicant
- Children adequately participate
- Children often ignore instruction

5. Ability to control emotions:

- Well balanced, good control
- Average ability to control emotions
- Frequently irritated, impatient, or depressed

2. Ability to work and cooperate with others:

- Gets along exceptionally in groups—a team player
- Will cooperate in most circumstances
- Gives limited cooperation—better suited to solitary work

4. Ability to follow through with job assignments:

- Completes tasks promptly, often does more than expected
- Completes assigned tasks at own pace
- Needs constant supervision to complete work

6. How would you rate the applicant as a role model for children:

- Excellent
- Very Good
- Fair
- Poor

7. How long have you known this applicant? _____ In what capacity? _____

8. Would you be willing and completely comfortable leaving your children under the applicant's supervision? Please explain:

9. Does the applicant show signs of any behavior which would cause concern when working directly with children?

10. Please comment on the applicant's suitability for this program (use back for additional comments): _____

Name of Referee _____ Signature _____ Date _____
 Address _____ Phone (____)(____)
COUNTRY CODE / CITY CODE
 Company _____ Position/Title _____
 Email _____

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 Thank you for your evaluation!



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Address _____ Phone (____)(____) _____

Company _____ Position/Title _____

Email _____

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