



Koinonia Summer Staff Application 2012

Now you can be a part of the tradition! God has been transforming lives through Koinonia for 52 years. You'll be provided with opportunities to build lasting friendships and grow both personally and spiritually. Working on summer staff at Koinonia is more than just a job; it's a ministry that requires dedicated people who are willing to serve and work hard. Our reputation was built on quality service with a staff that is happy to serve and strives to exceed our guests' expectations.

Please print clearly or type & mail completed pages 3-8 to:
Koinonia Summer Staff, 1605 Eureka Canyon Road, Watsonville, CA 95076
You will also need two people (non-family) to send in reference forms for you.
You or your references can download forms at: www.gotocamp.org

Koinonia offers operational and leadership positions for the Summer Staff. Please read through these first two pages and choose your top three positions and begin filling out the rest of the application beginning on page 3.

Operational Positions

(Your daily job assignments may change if you opt to work for longer than one session.)

Summer Staff Director: Works under the managers to assign daily operational tasks, help with spiritual/social development, plan staff activities, keeps track of hours worked, transportation, dorm life, and personnel communication. Must be an organized individual who can delegate, prioritize, plan ahead, mentor younger staff & leaders, and maintain a positive outlook & influence. Experience with leadership, training others, driving large vehicles, counseling, *Microsoft Word, Excel, Publisher*, power tools, team building, dirty hands, and details is helpful.

Maintenance and Kitchen Supervisors: Returning staff who have worked on the Maintenance crew or Kitchen crew may qualify. Responsibilities include: crew leadership, task supervision, and tools/equipment handling & care.

Server / Dishwasher: Serves all meals in the Dining Room. Responsibilities include: set up for meal times, clean up, dishwashing, pots & pans, kitchen assistance, and various cleaning projects throughout the facility.

Maintenance Crew: Must be in good physical condition and willingness to work. Responsibilities include: basic upkeep of buildings & grounds, handling of tools, pool maintenance, physical labor (such as mowing, splitting wood, random building projects, etc.) and occasional work on the ropes courses.

Ropes / Adventure Crew: A high-skill job which requires excellent people skills, ability to follow instructions, good physical condition, and strong safety awareness. (Mountain biking, surfing, climbing, and first aid skills are a help.)

Head Lifeguard and Assistant Lifeguard: Requires Lifeguard Training Certification and CPR for the Professional Rescuer Certification. Prior lifeguard experience is preferable. Job includes all pool area responsibilities.

Retail and Concessions: Handles the operation, stocking, inventory, organization and cleanliness of the Snack Bar and Soda Machines, the Koinonia Store, and the Espresso Bar/Smoothie Bar. Must be outgoing, and self-motivated. Experience with sales/cashier, stock rotation, and food-handling is helpful. (Have Barista training? Please say so.)

Crafts Facilitator: Develops the craft program; then prepares, promotes, and teaches it to children/teens.

Assistant Grounds Keeper: Primarily responsible for watering and monitoring irrigation throughout the facility. Familiarity with weeding, pruning, planting, and basic landscaping are also expected. (Spanish speaking is a bonus.)

Multimedia Technician: Responsibilities *may* include: sound setup & breakdown, basic lighting, basic networking and equipment configuration, video recording-editing-production (for Koinonia's summer programs.) Should have familiarity with *Powerpoint*, sound boards, and video/photo equipment. Some video editing experience is helpful.

Leadership Positions

(These optional positions will be in addition to your regular duties on the operational staff.)

Dorm Supervisor: Charged with oversight of the staff dorms (male or female), including lights out and room inspections. Also counsels, mentors, and discipless fellow staff members. Maturity is a must.

Dorm Assistant: Assists the Dorm Supervisor in various tasks. Observes and learns leadership, service, and conflict resolution skills as modeled by the Dorm Supervisor.

Staff Counselor: Assists the Staff Director & Dorm Supervisor in ministering to the staff. Informally counsels, mentors, and discipless fellow staff members. (A servant's heart, listening skills, and knowledge of the Scriptures would be indispensable qualities.)

Summer Schedule & Availability for 2012

Please consider which weeks you will be available during the summer, and choose a corresponding contract period. As an important part of the application process, please ensure in advance that the contract period you select does not conflict with:

- ❶ the end or the beginning of your school semester
- ❷ any family vacations (ie: cruises, week-long trips, etc.)
- ❸ summer tryouts/practices for sports teams
- ❹ scheduled surgeries or other absences.

In other words, choose a contract period during which you can actually work and stay at Koinonia the entire time. You will, of course, have time off during your contract period; and those who work the entire summer will have at least one week off during the summer.

Please Note: If you will be *unable* to work an entire contract period please do not let that keep you from applying. We welcome you to explain your particular situation, and we will still consider you for employment. It is important that all exceptions be cleared with the summer staff manager (ie: leaving 2 days before the end of the contract period, etc.) *prior* to the signing of your contract.

General Information

Name: _____ E-mail address: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ — _____ Cell Phone: (_____) _____ — _____

Soc. Sec.#: _____ — _____ — _____ Age: _____

Date of Birth: _____ Sex: M F

Drivers License #: _____ State of Issue: _____ T-shirt Size: _____

Home Church: _____ Denomination: _____

Pastor: _____ Church Phone: (_____) _____ — _____ Years Attended: _____

Names of Parents/Guardians (if applicant is under 18): _____

Contract Periods

(Please check one or more boxes.)

Entire Summer (Friday, June 1st—Monday, September 3th)

June/July Contract (Friday, June 1st—Saturday, July 7th) Flexible to start June 10th

July/August Contract (Saturday, July 7th—Sunday, August 12th)

Summer's End (Monday, August 13th—Monday, September 3rd)
(Only 22 Days!)

Please Note: Preference will be given to those that will work the entire summer. Applicants must commit to at least one complete contract period. By checking the box, you are committing to work that entire period. If you are accepted for employment, a contract will be issued for the period you have selected here.

Q: *Can I start work sooner or work longer than my contract period?*

A: Depending on our ministry needs, it may be possible. Again, clear all exceptions in advance.

Q: *If I have worked at Koinonia before, do I still have to come for training?*

A: We prefer that you do! Training is foundational and creates team-building opportunities. Besides, job procedures and job descriptions may be different.

Q: *If I work during the month of June, does that mean I can't go to Water Sports Camp?*

A: We will consider your request. Let us do the scheduling. You do the applying.

Questions, Exceptions or Additional Info: _____

Position Preference

Please refer to the pages 1-2 (Available Positions) to determine which positions you feel qualified to fill. Then indicate below your first, second, and third choices, as well as the *type* of positions you are willing to fill. (Check off those that apply.)

1st Choice Position: _____
2nd Choice Position: _____
3rd Choice Position: _____
Leadership Position (Optional): _____

- Any position
- Operational only
- Operational & Leadership
- Only the areas listed at the left

Personal Christian Experience

- 1 a. Are you sure that you are going to Heaven? Yes No
b. Imagine you died and Jesus met you at the gate of Heaven. If he asked you, "Why should I let you into my Heaven?" what would you say?
- 2 Describe your current involvement in ministry & Christian activities. (How are you using your gifts *now* to edify others? Do you serve in a position at your church or other Christian organization?)
- 3 How do you connect the Scriptures to your daily life? How are they helpful or useful to you?

Supportive Information

- 1 Why Koinonia? What do you expect to gain or to give by working at Koinonia this summer? What brings you here?
- 2 What about your work ethic, passion, or experience qualifies you for a position at Koinonia? What do you see yourself bringing to the team?
- 3 In a room full of people which character are you? What is your personality like?
- 4 What are priorities in your life? Where do you spend your time, attention, money, creative effort? (*Example:* friends, TV, winning, physical condition, video games, internet, music, hobbies, grades, etc.)
- 5 Do you prefer working with a team or working on your own? (Please explain why.)
- 6 a. Have you ever had any leadership experience? Yes No
b. If "Yes," choose one of those experiences. Tell us about what you learned & what it demanded of you.

Personal Evaluation

List what you consider to be your strengths.

- ①
- ②
- ③

List what you consider to be your areas of needed growth.

- ①
- ②
- ③

Is there anything you want to target this summer to work on—spiritual or otherwise?

- ①
- ②
- ③

Personal Experience

Please mark an "A" by those categories you have had considerable experience and a "B" by those you have had moderate experience.

<i>Music & The Arts</i>	<i>Certificates (Current)</i>	<i>Outdoor Activities</i>	<i>Job Skills</i>
___ Creative Crafts	___ First Aid	___ Archery	___ House Cleaning
___ Graphic Design	___ CPR	___ Surfing	___ Pool Maintenance
___ Painting	___ EMT	___ Mountain Biking	___ Mechanical Repair
___ Piano / Keyboard	___ RN	___ Rock Climbing	___ Operating Large Vehicles
___ Guitar	___ Lifeguard	___ Ropes Courses	___ Driving Stick Shift
___ Other Instrument (Which?) _____	___ (Other—Which?)	___ Hiking / Backpacking	___ Cashier / \$\$\$ Handling
___ Vocal		___ Team Sports (Which?) _____	___ Food Handling / Service
___ Worship Leading		___ Physical Exercise	___ Riding Mower
___ Stage Lighting & Sound		___ Paintball	___ Childcare / Teaching
			___ Building & Renovation

Bible Study Involvement

TYPE OF STUDY T=Topical I=Inductive B=Book Study	# OF WEEKS	AGE GROUP (Jr. High, College, etc.)	WERE YOU A... L=Leader or P=Participant	VALUE TO YOU (What You Learned)

Camp Staff Experience

Please include any week-long Summer Camp, School Camp, or Church Camp positions you have held.

CAMP NAME, LOCATION & PHONE NUMBER	AGE GROUP	# OF WEEKS	# OF YEARS	POSITION
①				
②				

Education

High School _____ Where? _____ Classification _____

College _____ Where? _____ Years Attended _____ Major _____

College _____ Where? _____ Years Attended _____ Major _____

Trade / Vocational Training (What? Where?) _____ Certification? Yes No

Other Employment

Please list your current or most recent employer first.

EMPLOYER NAME, LOCATION & PHONE NUMBER	SUPERVISOR	# OF MONTHS	POSITION & DUTIES
①			
②			

Koinonia Conference Grounds 2012 Summer Staff Health Form

The information provided on this form will be used to brief kitchen staff about your nutritional needs and educate the Camp Director and Healthcare Staff about your health background and needs. Receiving adequate information at least two weeks prior to your arrival is crucial to our ability to provide the proper supportive environment. Please read and complete this form thoroughly. **If you are under 18, please have your parents fill out this form and sign the consent and authorization for health care on the back of this form.**

HEALTH HISTORY: Please keep a copy for your records and to record changes in your health status. Please notify Koinonia Conference Grounds in writing if there are any changes before you arrive at camp.

ALLERGIES: Please mark those that apply.

- I have no known allergies.
- I am allergic to the following food(s): _____
Does this cause anaphylaxis? Yes No Unknown
- I am allergic to the following medication(s): _____
Does this cause anaphylaxis? Yes No Unknown
- I am allergic to the following substance(s): _____
Does this cause anaphylaxis? Yes No Unknown

Please describe allergic reaction (if any) and what steps are taken to manage it (attach additional information if needed): _____

NUTRITION: We are able to work with some medically prescribed diets but are unable to cater to individual food preferences. Please mark which of the following applies to your personal diet. Please call if you have any questions.

- I eat a regular, varied diet
- I am lactose-intolerant. (*Our expectation is that you will bring your own supply of products (such as Lactaid) and will contact the nurse or health coordinator when the supplement is needed.*)

CHRONIC CONCERNS: Please mark all that pertain to you and provide information about supportive health care.

- I have no chronic health concerns and am capable of full participation in this camp program.
- I have the following chronic health concern(s):

<input type="radio"/> Asthma	<input type="radio"/> Headaches	<input type="radio"/> Sleepwalking	<input type="radio"/> Diabetes
<input type="radio"/> Hearing Difficulties	<input type="radio"/> Menstrual Cramps	<input type="radio"/> Frequent ear infections	<input type="radio"/> Fears/Phobias
<input type="radio"/> Bee Sting Allergy	<input type="radio"/> Seizure Disorder	<input type="radio"/> Surgical History	<input type="radio"/> Fainting
<input type="radio"/> Other (please describe): _____			

Please provide information about supportive health care needed for each marked item (if any): _____

If *Surgical History* is marked above, please explain: Date of Surgery: _____ Type of surgery: _____

Are all symptoms resolved? Yes No - Please explain: _____

Are you cleared by your physician for active camp participation? Yes No Date of last Tetanus shot: _____

Physician Name: _____ Office Phone: (____) _____

Dentist Name: _____ Office Phone: (____) _____

MEDICATIONS: All medications MUST be in original, pharmacy-provided containers and appropriately labeled. Please attach a note if you have been taking the current dose for less than three months prior to arrival or if there are any changes.

- I do not take any medication.
- I take the following daily medication(s):
 1. Medication: _____ Reason for Taking: _____
Dose Taken: _____ How often each day? _____
 2. Medication: _____ Reason for Taking: _____
Dose Taken: _____ How often each day? _____
 3. Medication: _____ Reason for Taking: _____
Dose Taken: _____ How often each day? _____

MEDICATIONS (continued):

The following medications, stocked in the Gauze Pad/Health Center, are used to manage illness or injury and dispensed as directed by our medical protocols. Generic form may be used. Please cross-out any medicine you **should not** be given:

Acetaminophen (Tylenol)	Aloe	Antacid	Bismuth Chewable Tablets
Calamine Lotion	Chamomile Tea	Cough Drops	Diphenhydramine (Benadryl)
Dramamine	Guaifenesin DM (Cough Med)	Hydrocortisone Cream	Ibuprofen (Motrin)
Insect Repellant	Iodine Swabs	Kaopectate/Anti-Diarrheals	Nix
Pepto Bismol	Pseudoephedrine	Tinactin	Triple Antibiotic Cream

MENTAL, EMOTIONAL AND SOCIAL HEALTH: Please answer the following question:

Have you been diagnosed with ADD, depression, OCD, panic/anxiety disorder or had any other emotional, mental or social health concerns that continue to affect you or have prompted you to seek professional care? If so, please explain: _____

BILLING INFORMATION FOR HEALTH CARE: You are financially responsible for health care given by an out of camp provider. To whom should this provider route charges for your health care if the need arises? Please include a copy of an insurance card if appropriate. Please copy both sides of the card so addresses and telephone numbers are readable.

- I am not covered under an insurance policy.
- I am covered under the following health insurance:

Insurance Company: _____ Policy/Member #: _____

Insurance Company Telephone: (_____) _____ Name of Subscriber: _____

Insurance Company Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION: We will call your emergency contacts in the event of an emergency or if we have questions about your health. Please provide contact information for other people who know you and with whom we can consult if you cannot respond to questions. We will assume you have spoken with these individuals and that they are willing to assist, should the need arise.

Primary Contact: _____ Home Phone: (_____) _____

Address: _____ Work Phone: (_____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (_____) _____

Alternate Contact: _____ Telephone: (_____) _____

Relationship to Camper: _____

Alternate Contact: _____ Telephone: (_____) _____

Relationship to Camper: _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE AND CONSENT (IF UNDER 18): This health history is correct and my child has permission to participate in all activities, which may include the high ropes course, surfing, and mountain biking, except as noted by me and/or the examining physician. I will not hold Koinonia Conference Grounds or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this child to participate in any offsite activities during camp and to be transported to and from any offsite activities, including emergency situations (if any) by authorized vehicles. Koinonia Conference Grounds has my permission to obtain a copy of my child's health record from the providers who treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other Koinonia Conference Grounds staff. I give permission to the physician selected by Koinonia Conference Grounds to order X-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied. I give permission to Koinonia Conference Grounds to use video or photography of my child for promotional purposes.

***SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18):** _____ **DATE:** _____

PERSONAL AUTHORIZATION FOR HEALTH CARE AND CONSENT: This health history is correct and I am capable of participating in the full camp program at Koinonia Conference Grounds, which may include the high ropes course, surfing, and mountain biking, apart from the exceptions noted above. I will not hold Koinonia Conference Grounds or its agents liable for injury caused by common accident, illness, or the rendering of emergency care while I participate in the full camp program and the transport to and from offsite activities or an emergency situation (if any). Koinonia Conference Grounds has my permission to obtain a copy of my health record from my health providers. I understand that information about my health will be shared on a "need to know" basis with other Koinonia Conference Grounds staff. I give permission to the physician selected by Koinonia Conference Grounds to order X-rays, routine tests and treatment for my health in case of an emergency. If my emergency contacts cannot be reached, I give my permission to the physician selected by Koinonia Conference Grounds to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my health. This form may be photocopied. I give permission to Koinonia Conference Grounds to use video or photography of me for promotional purposes.

***APPLICANT'S SIGNATURE:** _____ **DATE:** _____

Koinonia Conference Grounds Voluntary Disclosure Statement For Staff Applicants 18 or Older

1. Previous residences (last 5 years):

City	State	Zip Code	Date of residency

2. Have you ever been convicted of a crime involving your conduct around children? If yes, please explain: Yes No

3. Have you ever been convicted of the following crimes or any crime involving, similar to, or related to the following crimes? If yes, please explain: Yes No

- Indecent assault or battery on a child under fourteen
- Indecent assault or battery on a mentally retarded person
- Indecent assault or battery on a person who has obtained the age of fourteen
- Rape or rape of a child under 16 with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? If yes, please explain: Yes No

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including but not limited to a domestic order, domestic protection, or removal of parental rights? If yes, please explain: Yes No

I understand that:

- a) Koinonia Conference Grounds may deny employment or volunteer service to any person who answers "yes" to any one of questions 2-5. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any one of questions 2-5, employment or volunteer service may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any registry of child abusers
- c) Koinonia Conference Grounds may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
 - 1) have a history of complaints of abuse of a minor
 - 2) have resigned, been terminated, or been asked to resign from a paid or unpaid position due to complaint(s) of sexual abuse of a minor
 - 3) have falsified or omitted information in this disclosure statement
- d) This disclosure statement must be updated yearly

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____