



# STAFF APPLICATION

## YMCA CAMP OCOEE

**Mail application to:**  
Staff Applications, 111 YMCA Drive, Ocoee, TN, 37361  
Tel: (423) 338-5588 ~ Fax: (423) 338-5507  
E-mail: info@campocoe.com

**OPTIONAL**  
Please attach  
current photograph  
(staple here)

**I have read and understand the Characteristics of a YMCA Camp Ocoee Staff Member**

Date of Application \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male

Email Address: \_\_\_\_\_

Telephone #: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Home Street Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**School Address (College only):** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Background Information**

**1. Please check the position for which you are applying:**

*(if more than one, please number desired positions in order of preference. \*Denotes summer LEAD staff positions)*

- | <u>Summer Camp:</u>                                    | <u>Extended Season:</u>                            | <u>Support Staff:</u>                               |
|--|--|---|
| <input type="checkbox"/> Cabin Counselor/Jr. Counselor | <input type="checkbox"/> Group Camping Host        | <input type="checkbox"/> Kitchen Staff/Food Service |
| <input type="checkbox"/> Wilderness Adventure Guide    | <input type="checkbox"/> Lifeguard                 | <input type="checkbox"/> Housekeeping               |
| <input type="checkbox"/> Program Director*             | <input type="checkbox"/> Ropes/Climbing Instructor | <input type="checkbox"/> Groundswork/Maintenance    |
| <input type="checkbox"/> Waterfront Director*          | <input type="checkbox"/> Adventure Guide           | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Waterski/Wakeboard Co-Leader  | <input type="checkbox"/> Other: _____              |   |
| <input type="checkbox"/> Adventure Director*           |  |   |
| <input type="checkbox"/> Arts Director*                |  |   |
| <input type="checkbox"/> Teen Leadership Director*     |  |   |
| <input type="checkbox"/> Teen Leadership Co-Leader     |  |   |
| <input type="checkbox"/> Ropes/Climbing Co-Leader      |  |   |
| <input type="checkbox"/> Canoe Shed Co-Leader          |  |   |
| <input type="checkbox"/> Sports Co-Leader              |  |   |

2. Have you ever attended YMCA Camp Ocoee?  Yes  No If Yes, # of years at camp: \_\_\_\_\_  
If yes, in what capacity and for how many years (summer camp, adventure, school/church retreat etc.)

3. Have you ever attended a YMCA Counselor In Training (CIT) program at YMCA Camp Ocoee or another YMCA camp?  
 Yes  No If yes, what year?

4. Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

5. Do you have any medical conditions which require a physician's attention or medication?  Yes  No

If yes, please explain:

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6. Through whom or how did you become interested in employment at YMCA Camp Ocoee:

7. Education: High School \_\_\_\_\_ Grade completed: \_\_\_\_\_ Year: \_\_\_\_\_

8. YMCA Camp Ocoee's mission is to utilize camp as a tool to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all campers and camp guests. Our mission is carried out by the example of our staff (1 Peter 4:7-11).

Are you able and willing to exhibit and role model Christian values and principles as part of your job?  Yes  No

**General Questions**

9. In what school, community and/or church activities have you been involved and in what capacity? (especially explain any which have given you experience in working with children)

10. What does Christian mean to you and how does it relate to your lifestyle?

11. List several character traits which accurately describe who you are and the way you relate to people.

12. What is your interest in employment at YMCA Camp Ocoee?

13. YMCA Camp Ocoee is located deep in a national forest, in a remote wilderness setting. How do you feel about working outdoors? How do you feel about bugs, snakes and spiders?

14. What experience do you have working/volunteering with children?

15. What does it mean to you to be a leader?

16. What does it mean to you to be a follower or servant?

17. What has been one of the most meaningful experiences you have had in your life? Please explain why it was so meaningful. (use separate paper if necessary)

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18. Name three of the most meaningful role-models in your life and explain why.

19. What disciplinary measures, if any, would you take with campers/guests who misbehave or do not fulfill your expectations?

20. What characteristics and values do you think we are looking for in an applicant?

21. Previous camp experience as a camper, trainee and/or counselor (where, when, how many years):

22. Why should we hire you to work at YMCA Camp Ocoee?

23. Camp Ocoee's objective is to be a strong, positive Christian influence on campers through modeling proper behavior at all times. Accordingly, it is important that your beliefs are consistent with YMCA Camp Ocoee's expectations regarding the use of illegal drugs in any form, tobacco, alcoholic beverages, premarital sex and the necessity of maintaining good personal habits of conduct, grooming and hygiene.

a. What is your view on the use of tobacco in any form?

b. What is your view on drinking alcohol?

c. What is your view on premarital sex?

d. What is your view on smoking marijuana?

24. What is your strongest quality as a person? Why?

25. What is a quality you feel you need to improve? Why?

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**PROGRAM INFORMATION**

26. Please **CHECK** any program area in which you are interested. Please **CIRCLE** below any of the activities you are qualified to INSTRUCT.

**Land Activities**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Aerobics        | <input type="checkbox"/> Archery                | <input type="checkbox"/> Arts & Crafts/Pottery | <input type="checkbox"/> Backpacking         |
| <input type="checkbox"/> Basketball      | <input type="checkbox"/> Caving                 | <input type="checkbox"/> Cheerleading          | <input type="checkbox"/> Climbing            |
| <input type="checkbox"/> Ceramics        | <input type="checkbox"/> Dance                  | <input type="checkbox"/> Drama                 | <input type="checkbox"/> Equestrian (horses) |
| <input type="checkbox"/> Fishing (basic) | <input type="checkbox"/> Fishing (fly fishing)  | <input type="checkbox"/> Group Games           | <input type="checkbox"/> Guitar              |
| <input type="checkbox"/> Gymnastics      | <input type="checkbox"/> High Ropes             | <input type="checkbox"/> Mountain Biking       | <input type="checkbox"/> Music               |
| <input type="checkbox"/> Nature Study    | <input type="checkbox"/> Newspaper/Journalism   | <input type="checkbox"/> Paintball             | <input type="checkbox"/> Percussion/Drums    |
| <input type="checkbox"/> Photography     | <input type="checkbox"/> Radio DJ               | <input type="checkbox"/> Rappelling            | <input type="checkbox"/> Riflery             |
| <input type="checkbox"/> Videography     | <input type="checkbox"/> Other (explain): _____ |  |  |

**Water Activities**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Canoeing (white H2O) | <input type="checkbox"/> Canoeing (lake)        | <input type="checkbox"/> Kayaking (white H2O) | <input type="checkbox"/> Kayaking (tour) |
| <input type="checkbox"/> Lifeguarding         | <input type="checkbox"/> Swim Lessons           | <input type="checkbox"/> Sailing              | <input type="checkbox"/> Water Skiing    |
| <input type="checkbox"/> Driving Boats        | <input type="checkbox"/> Other (explain): _____ |   |  |

27. What training or experience do you have for any of the program areas you CIRCLED above?

28. Please check any current certification(s) that would still be valid during program time:

- |                                  |                                    |   |   |
|----------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> CPR     | <input type="checkbox"/> First Aid | <input type="checkbox"/> Basic Lifeguarding               | <input type="checkbox"/> Lifeguarding Training Instructor |
| <input type="checkbox"/> WSI     | <input type="checkbox"/> EMT       | <input type="checkbox"/> Wilderness First Responder (WFR) | <input type="checkbox"/> WFA                              |
| <input type="checkbox"/> Others: | _____                              |   |   |

29. Do you play a musical instrument? Please list: \_\_\_\_\_

Do you feel comfortable playing this instrument in front of groups:  Yes  No

30. How do you feel about leading Christian and Bible focused devotions and prayer services for groups?

**SUPPORT STAFF INFORMATION** (non-support staff applicants, go to Work Experience section on next page)  
Kitchen staff/Food Service, Groundwork/Maintenance, Housekeeping only

1. Please list any experience in the support/service field, including any experience in the areas in which you are applying:

2. Please number the time shift(s) you prefer to work (check all that apply):

- |                                  |                                 |  |
|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Midday | <input type="checkbox"/> Afternoon/Evening |
|----------------------------------|---------------------------------|--|

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3. How do you feel you can exhibit Christian principles through a support staff position?

4. Please list any skills you possess that you feel qualify you for the position for which you are applying:

**Work/Volunteer Experience**

1. Please list any past **CAMP work or volunteer positions** which you have held starting with the most recent.

	<b>Camp Name:</b>	<b>Position Held:</b>	<b>Year(s):</b>	<b>Supervisor's Name:</b>	<b>Tel. # or Email:</b>
1					
2					
3					
4					
5					

What was one of your greatest camp experiences:

2. Please list any **other work or volunteer positions** which you have held starting with the most recent.

	<b>Business or Organization Name:</b>	<b>Position Held:</b>	<b>Year(s):</b>	<b>Supervisor's Name:</b>	<b>Tel. # or Email:</b>
1					
2					
3					
4					
5					

*Please continue on next page*

