



Camp Occohannock on the Bay Employment Application

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Belle Haven, VA 23306
Office: (757)442-7836
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Website: www.ootbay.org
E-Mail: ootbay@verizon.net
Facebook: www.facebook.com/ootbay

Personal Information:

First Name: Last Name: Gender M
 F

Street Address: P.O. Box: (optional) State:

City: Zip Code:

E-Mail Address: Cell Phone Number: Home Phone Number:

Date of Birth: Your Age: T-Shirt Size:

Position Apply For:

- | | |
|--|---|
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Program Assistant |
| <input type="checkbox"/> Health Supervisor Coordinator | <input type="checkbox"/> Waterfront Coordinator |
| <input type="checkbox"/> Grounds Coordinator | <input type="checkbox"/> Lead Counselor |
| <input type="checkbox"/> Co-Counselor | |

Do You Have a Valid Driver's License? Yes No

Number of Years Driving?

Have You Driven a 15 Passenger Van? Yes No

If You Plan on Having Your Car at Camp Over the Summer:

Vehicle License Plate Number: Make & Model of Vehicle: Year: State: Color:

Do you hold any current American Red Cross/American Heart Association certifications/training or others in the following?

- Lifeguard Training First Aid Wilderness First Aid
 CPR/AED Training
 Canoeing Rock Wall/High Ropes Training
 Safe Boating Course Training
 Other

This position is very demanding, do you have any competing activities for you to work here this summer? (School, Job, Family Event, ect.)

- Yes No

If Yes, Please Explain:

Have you been accused and/or convicted of a felony; child abuse/neglect or sexual abuse?

- Yes No

If Yes, Please Explain:

Please provide a self-assessment of your abilities in the following skills and activities by checking your level of performance. This is only to help us see where you are and what we need to focus on for you during training.

Helpful Hints:

No Experience = I have no idea and will have lots of questions

Can Assist = I know a little about this subject but just enough to help

Can Lead = I can successfully lead any size group on this subject in a way that everyone can understand

Can Train Others = You have gone through training and or hold a certification in that area.

Faith Development:

	No Experience	Can Assist	Can Lead	Can Train Others
Bible Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal Worship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praying in Small & Large Groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith Based Skits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Devotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biblical History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leading Worship Music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Water Activities:

	No Experience	Can Assist	Can Lead	Can Train Others
Canoeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sailing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kayak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skimboarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor Boats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sports & Games:

	No Experience	Can Assist	Can Lead	Can Train Others
Small Group Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Large Group Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indoor Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports (Soccer, Football, Volleyball, Basketball)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking (Including Bike Repairs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Dynamic Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Special Activities:

	No Experience	Can Assist	Can Lead	Can Train Others
Leading Songs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skits/Drama	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Ropers Challenge Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Ropes Challenge Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Photography & Editing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video & Editing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Story Telling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts & Crafts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Leadership: Rate yourself from 1-5, 1 being the lowest and 5 the highest in the areas below:

	1	2	3	4	5
Mentoring Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goal Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluating Co-Workers/ Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technology:

	No Experience	Can Assist	Can Lead	Can Train Others
Microsoft Word	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microsoft Excel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Power Point	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adobe Acrobat (creating PDF forms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Web Site Building (Weebly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audio Equipment (Sound System)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Equipment (Projectors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do You Play a Musical Instrument(s):

- Yes
 No

What Instrument(s)

In consideration of your references please contact them before providing their contact information. We will contact them if we feel that we may need more information.

References: (Any of the following: Pastor, Youth Leader, Teacher, Employer, Mentor)

First Name:

Last Name:

E-Mail Address:

Phone Number:

First Name:

Last Name:

E-Mail Address:

Phone Number:

First Name:

Last Name:

E-Mail Address:

Phone Number:

I verify the information on this application is accurate and true. I grant the director on behalf of the Board of Directors of Occohannock on the Bay permission to perform a criminal background check and driver's license investigation.

Signature:

Date: