

RETURN THIS APPLICATION TO:
 Quentin McDowell
 Director of Summer & Extended Programs
 Mercersburg Academy
 300 East Seminary Street
 Mercersburg, PA 17236
 Fax (717) 328-9072



SENIOR COUNSELOR APPLICATION

Date of Application ___/___/___

(Please type or print)

Mercersburg Adventure Camp is for campers 8-14 years old and runs from June 13th to August 1st (1 week staff training, 6 weeks of camp).

Teen Adventures is for campers 14-16 years old and runs from June 20th to July 17th (1 week staff training, 4 weeks of camp).

Junior Adventure Camp is for campers 7-8 years old and runs from July 18th to July 30th (2 weeks, add-on after Teen is complete).

Name _____

Permanent Address _____
Street & Number City State Zip

Permanent Phone (____) _____ - _____ Cell Phone (____) _____ - _____

School Phone (____) _____ - _____ Email Address _____

School Address _____
Street & Number City State Zip

Social Security # _____ - _____ - _____ Birthdate (optional) _____ Age (Optional) _____
Month Day Year

Employees under the age of 18 years old require a work permit to work at Mercersburg Academy. If you need a work permit, please check here. _____

In case of Emergency, notify _____
Name Address Phone No. Relation to Applicant

Best times to reach you by phone. Please be specific and detailed.

Do you drive? Yes No Valid driver's license? Yes No State _____

Driver's License # _____ Expiration Date _____ Are you an insured driver? Yes No

Have you ever been convicted of DUI, reckless driving, or any other major driving violation? If yes, please give dates and details.
 Yes No

<i>FOR OFFICE USE ONLY:</i>	<i>REFERENCES:</i>
Application Received _____	1. _____
Interview _____	2. _____

EDUCATION/EDUCATION EXPERIENCES

	Name of School	City, State	Dates Attended	Anticipated Graduation Year
High School				

EMPLOYMENT (List at least previous two summers or years.)

Employers	Dates	City, State	Telephone	Supervisor	Reason for leaving

CAMP EXPERIENCE

Please list any camp you have attended and indicate the dates you attended, camp location, and whether you were a staff member or camper.

SKILLS BACKGROUND

Please list, in this order: the extracurricular activities (sports, band, chorus, etc.) in which you have participated, the dates/years of participation, your position, special accomplishments and any coaching/teaching you have done.

Activity	Years	Position	Accomplishments/Coaching/Teaching

Outdoors Experience: Please describe any background you may have backpacking, rock climbing, mountain biking, kayaking, canoeing, whitewater rafting, orienteering or any other outdoor discipline. List any certifications, trips taken, and general level of outdoor skills.

Activity	Experience/Skill Level	Certifications

Enrichment: Please describe any particular skills or background you may have in the Enrichment Activities listed on pages 4-5-6 of this application.

Activity	Background/Skill

Other Hobbies or Skills: We are always interested in expanding our program to offer an increasingly broad slate of opportunities to our campers. Please describe any hobbies or skills you may have that could be utilized in the Adventure Camp setting.

Hobby/Skill	Description

Which part or parts of our program do you see your greatest capabilities as an instructor, assistant or leader?

Activity/Program Area

1. _____
2. _____
3. _____

What do you think would be the most rewarding thing about being a Senior Counselor at an Adventure Camp?

What do you think would be the hardest thing about being a Senior Counselor at an Adventure Camp?

Please read and sign:

I authorize investigation of all statements herein and other matters related to my employment and release Mercersburg Academy 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 Mercersburg Academy.

Signature _____ Date _____

Your application will not be considered complete until you return a copy of this form. Keep a copy for yourself.

Adventure Camp(MAC/JAC/TA) Senior Counselor Activity Sheet

In the following list, put an “S” by any activity you consider to be your specialty, or favorite or that you can organize and teach. In addition, put an “A” by those that you have a basic knowledge of and you can assist in teaching. **Be sure to read through all of the descriptions in the Adventure Camp brochure BEFORE entering information.**

ENRICHMENT

- _____ Architecture
- _____ Art of comedy
- _____ Arts and Crafts
- _____ Computer graphics/design
- _____ Ceramics
- _____ Chemistry
- _____ Cooking
- _____ Dance
- _____ Digital Photography
- _____ Drawing and Painting
- _____ Glass Art
- _____ Interior Design
- _____ Magic Tricks
- _____ Music
- _____ Painting
- _____ Physics
- _____ Sculpture
- _____ Theatre
- _____ Videography
- _____ Web Design
- _____ Writing

OUTDOORS

- _____ Animals/Zoos
- _____ Canoe
- _____ Lake ___ River ___ Whitewater ___
- _____ Caving
- _____ Environmental Science
- _____ Geocaching
- _____ Horseback Riding
- _____ Kayak
- _____ Lake ___ River ___ Whitewater ___
- _____ Mountain Biking
- _____ Rock Climbing
- _____ Wilderness Skills

Miscellaneous

- _____ Standard 1st Aid
- _____ Advanced 1st Aid
- _____ CPR
- _____ Guitar
- _____ Swimming

Certifications

_____ Certification _____ Date of Expiration

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Coordinator Positions – Coordinators are responsible for the logistical arrangements and implementation of areas such as: Mail, Team Competitions and the Dining Hall amongst other responsibilities. Please check if you would like to be considered for one of these responsibilities. _____

TEACHER RECOMMENDATION FORM

Please return to Quentin McDowell * Mercersburg Academy Adventure Camps * 300 East Seminary Street, Mercersburg, PA 17236 Fax (717) 328-9072

Applicant's Name _____

To the Recommender: We know the effort that can go into filling out a recommendation form, and we appreciate your time and help. Please feel free to use a casual style in your responses if that makes the task any more manageable.

Recommender's Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

How do you know the applicant? _____

What days and times are best for us to call you to discuss this applicant? _____

Please rate your response to the following statements:

In my experience, this applicant:	strongly agree	agree	neutral	disagree	strongly disagree
is reliable and conscientious in his/her approach to a task.	1	2	3	4	5
can work well under stress.	1	2	3	4	5
is able to work long hours without diminishing performance.	1	2	3	4	5
is thorough in his/her approach to a project.	1	2	3	4	5
can work independently once the desired outcome is known.	1	2	3	4	5
is detail-oriented.	1	2	3	4	5
likes to take the role of a leader.	1	2	3	4	5
is flexible in adjusting to work schedules and assignments	1	2	3	4	5

Please briefly describe your view of the applicant with regard to his/her ability to work effectively and creatively with others towards a common goal.

What do you feel the applicant does best in a work setting?

Please discuss any other characteristics or attributes of the applicant you think we should bear in mind while considering the possibility of entrusting a group of children to the care and supervision of this person.

Signature of Recommender

Date

EMPLOYER/TEACHER RECOMMENDATION FORM

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