

Seashore United Methodist Assembly
Summer Camp Counselor Application

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Please attach a current
photo.

Return completed application to:
Seashore United Methodist Assembly
1410 Leggett Drive
Biloxi, MS 39530
Phone: 228-436-6767
Fax: 228-436-6769
e-mail: ginger.suma@gmail.com

Date of Application: _____

Name: _____ Birth Date: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Social Security Number: _____

School Presently Attending: _____

School Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

CHURCH MEMBERSHIP:

Name of Church: _____

Church Mailing Address: _____

City: _____ State: _____ Zip: _____

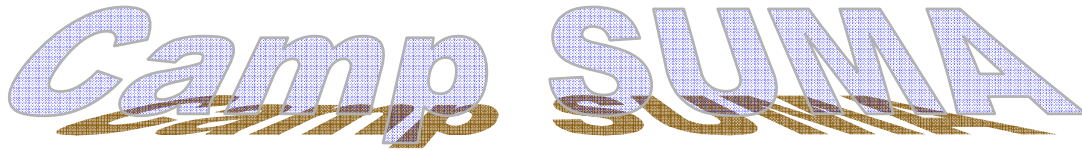
Pastor/Minister's Name: _____

Check one or Rate from 1 to 3 in order of priority:

_____ **Crafts Leader**

_____ **Counselor**

_____ **Counselor in Training**



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What gifts and talents will you bring to Camp SUMA as a staff member?

Describe the impact you believe a well-run Christian camping experience can have on the life of a child/youth?

Enter a 1 for the activities you can teach, a 2 for those with which you can assist.

X	FAITH DEVELOPMENT	X	SPECIAL ACTIVITIES	X	WATER SPORTS
<input type="checkbox"/>	Outdoor Worship	<input type="checkbox"/>	Song Leading	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Bible Study	<input type="checkbox"/>	Instruments	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Devotions	<input type="checkbox"/>	Storytelling	<input type="checkbox"/>	Water Games

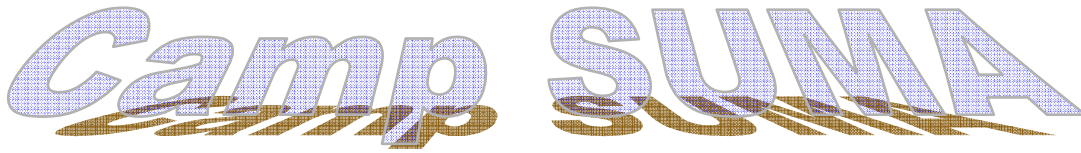
Share any other information about yourself that might be helpful as hiring decisions are made:

As a staff member you will be a role model for children and youth and a member of a diverse Christian community. Are you willing and able to refrain from the use of tobacco products, alcoholic beverages, illegal drugs, offensive and non-inclusive language during the on-and-off-duty hours of your employment at **Camp SUMA**? **YES** **NO** If No, Please explain: _____

HEALTH:

Are there any reasons you may have difficulty performing any of the essential elements of the job for which you have applied? **YES** **NO**

If yes, Please explain here, and if necessary, on an additional sheet of paper: _____



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LEGAL:

Have you ever been convicted or accused of Child Abuse? YES NO
If yes, explain including date, description of charges, sentence and current status: _____

Have you ever been convicted or accused of a Sex Crime? YES NO
If yes, explain including date, description of charges, sentence and current status: _____

Have you ever been convicted or accused of a Felony? YES NO
If yes, explain including date, description of charges, sentence and current status: _____

Do you have a current Driver's License? YES NO
If Yes: Issuing State: _____ License Number: _____
Date Issued: _____ Date Expires: _____

RECOMMENDATIONS: (We require a letter from your pastor/minister.)

Pastor/Minister: _____ Phone: _____
Employer: _____ Phone: _____
Teacher/Professor: _____ Phone: _____
Other: _____ Phone: _____

Your signature verifies the accuracy of all information herein provided and authorizes Camp SUMA to request appropriate criminal background check information.

Signature: _____

Printed Name: _____

Date: _____

Witness Signature: _____

Printed Name: _____