



## **Camp Lu Lay Lea 2023 Staff Application**

**We are excited that you have interest in working at Camp Lu Lay Lea during the summer of 2023. Working at Camp Lu Lay Lea is a very rewarding experience but it also includes a lot of work from ALL STAFF members to make it rewarding. Staff positions are listed in the application. If you would like more information on a specific position, please contact Amy at [director@camplulaylea.com](mailto:director@camplulaylea.com).**

Submit your completed application to [director@camplulaylea.com](mailto:director@camplulaylea.com) by December 30, 2022. Complete this application with clear and legible handwriting. Applications must be scanned and sent as a .pdf document. If you have any questions, please contact Amy at [director@camplulaylea.com](mailto:director@camplulaylea.com).

**Please submit the following by December 30, 2022:**

- **2023 Staff Application**
- **3 reference letters-** If able, please include a reference from the Lutheran Church- Missouri Synod (LCMS).
- **Immunization record (for emergency room use only)**
- **Special Certification/Trainings needed for position**

**When we receive your items listed above, we will contact you for a ZOOM interview.**

## General Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Age at beginning of 2023 season: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

School/University: \_\_\_\_\_

Year: \_\_\_\_\_ Major: \_\_\_\_\_

Home Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Please attach three reference letters from individuals outside of Camp Lu Lay Lea, family, or friends. These reference letters must be attached to your application when you submit your application. References will be contacted. If able, please include a reference from the Lutheran Church- Missouri Synod (LCMS).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Positions Applying for:

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

- **Kitchen Kat** (15 years old)
- **Program Staff:** Store, Assistant Store, Archery, Confidence Course, Arts and Crafts, Maintenance, Media, Assistant Media, Nature Expert
- **Counselor** (18 and older)
- **Director Positions:** Assistant Director, Program Director, Assistant Program Director, Waterfront Director, Assistant Waterfront Director, Health Director, Assistant Health Director, Chapel Director, Assistant Chapel Director, Head Cook, Assistant Cook

Previously held positions: \_\_\_\_\_

Years of Camp Staff Experience: \_\_\_\_\_ Years of Camper Experience: \_\_\_\_\_

Please check the weeks you are available. Applicants who are available for the entire summer season will be prioritized.

Staff Week (Mandatory) June 18th-June 23rd \_\_\_\_\_

(75th Celebration- June 24th)

Week 1: June 25th- July 1st \_\_\_\_\_

Closed: July 2nd-July 8th

Week 3: July 9th-July 15th \_\_\_\_\_

Week 4: July 16th-July 22nd \_\_\_\_\_

Week 5: July 23rd-July 29th \_\_\_\_\_

Week 6: July 30th-August 5th \_\_\_\_\_

Week 7: August 6th-August 12th \_\_\_\_\_

\*\*\*\*\*(Possible week 7- determined in spring)\*\*\*

I understand the closing of camp is August 5th and 6th or 12th and 13th (if in session). If I am working that week, I will stay to help close camp. \_\_\_\_\_. (initial)

Staff T-shirt Size: \_\_\_\_\_

What are your hobbies, interests, or activities?

Describe yourself in one or two words?

What is your main strength?

What is your main weakness?

Why do you want to work at Camp Lu Lay Lea?

What do you believe your main contribution to Camp Lu Lay Lea would be to ensure an awesome experience for the campers? Why should we hire you?

What will you do to contribute to the Christian camp atmosphere?

### Work History & Background

Please list in chronological order starting with the most recent employment.

Company or Organization Name	Start Date	End Date	Position	Contact Name	Contact Phone Number	Reason for Leaving

Please identify any training you have, or received, and which organization it came from.

Training: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Training: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? If yes, then please explain including the date of occurrence:

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If over the age of 18, do you consent to Camp Lu Lay Lea conducting a background check? \_\_\_\_\_

If hired, we will be requiring a signed staff contract and faith statement. Do you agree? \_\_\_\_\_

## **Health Information**

Medical Insurance Company: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Have you had:

Measles \_\_\_ Mumps \_\_\_ Rubella \_\_\_ Chicken Pox \_\_\_ Rheumatic Fever \_\_\_ Polio \_\_\_

Do you have any physical limitations? If yes, please explain:

\_\_\_\_\_

Do you have any behavior issues? If yes, please explain:

\_\_\_\_\_

Do you have any allergies? If yes, please explain:

\_\_\_\_\_

Do you have any other health considerations not yet listed? If so, please explain:

\_\_\_\_\_

Will you be bringing any medications to camp? \_\_\_\_\_

\_\_\_\_\_

**\*\*Medications must be in the original prescription bottle with directions attached and given to the Health Director upon arrival.**

Are your immunizations up to date? \_\_\_\_\_ **(Please attach a recent copy of your immunization record. This is used for emergency room needs only.)**

Camp Lu Lay Lea is complying with the guidelines and recommendations of the Center for Disease Control, State of Michigan Department of Licensing and Regulatory Affairs, and The District Health Department #2, for and during the 2023 Summer Camp Season. At this time, in compliance with, and pursuant to, the guidelines issued by the CDC and/or by the State of Michigan Department of Regulatory Affairs, and/or by the District Health Department #2 (located in West Branch, MI); Camp Lu Lay Lea is recommending that Camp Lu Lay Lea staff be fully vaccinated against COVID-19 before entering the Camp Lu Lay Lea Campus. If you are vaccinated, proof of vaccination may be submitted with your completed application.

**Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to staff member: \_\_\_\_\_

Are you the parent or guardian (if under 18): \_\_\_\_\_

By signing below, I agree for the Camp Lu Lay Lea representative to verify all information provided and that to the best of my knowledge it is correct. I understand that any falsification or omission could result in denial or termination of employment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent authorization if under 18 years old**

Parent or guardian name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To my knowledge all information is correct. My child has my permission to participate in all camp activities unless otherwise noted by me. In case of emergency the camp director has my permission to obtain necessary medical treatment for my child including injection, anesthesia, or surgery.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_