



STAFF APPLICATION

Lake Logan Episcopal Center • 154 Sucnrest Mill Road • Canton, NC 28716

Applicant Name

Personal

Name (in full) _____ Date _____

Name Commonly Called _____ Sex: Male Female

Telephone Numbers:

_____ Permanent/Home _____ Cell _____ School/Other

Email _____ Birth Date _____

Permanent (Home) Address:

_____ Street/PO Box _____ City _____ State _____ Zip

Current/School Address:

_____ Street/PO Box _____ City _____ State _____ Zip

Social Security # _____ Drivers License # _____ State _____

Have you been a camp Henry Camper? Yes No If so, what years? _____

List any friends or relatives who have worked for Camp Henry. _____

Date

Parish Relationship

Are you a member of a parish? Yes No If so, what parish? _____

Parish Address:

_____ Street/PO Box _____ City _____ State _____ Zip

Priest's/Minister's Name _____

List any involvement in Christian organizations (Church, Diocese, Campus ministry, etc.) _____

Education

Are you in school? Yes No If so, what school? _____

School year or grade completed by June 1, 2009 _____

For what career or profession are you preparing? _____

List any extra-curricular activities _____

List any leadership positions held _____

Employment History

Are you a legally employable United States resident? Yes No

Citizen of what country? _____

List below your last two jobs, beginning with the most recent.

1) Employer _____ Dates: From _____ To _____

Address:

Street/PO Box

City

State

Zip

Describe your job duties _____

Reason for leaving _____

List managers or supervisors _____

2) Employer _____ Dates: From _____ To _____

Address:

Street/PO Box

City

State

Zip

Describe your job duties _____

Reason for leaving _____

List managers or supervisors _____

Certifications

Camp Henry encourages staff to earn certifications in safety, first aid and lifeguard training. Salary bonuses are given for some applicable certifications that are current and verifiable. Please indicate any certifications held below.

First Aid CPR Water Safety Instructor Lifeguard Training Open Water Lifeguard
Wilderness First Aid Wilderness First Responder Other: _____

Medical History

Are there any medical reasons that would prohibit you from fulfilling the essential duties of a Camp Henry staff position without reasonable accomodation?

Yes No If so, please explain _____

References

Please give names and complete addresses of 3 persons (not relatives) who have knowledge of your character, experience, and ability.

1) Name _____ Relationship _____

_____ Street/PO Box _____ City _____ State _____ Zip _____

Phone: (Home) _____ (Other) _____

2) Name _____ Relationship _____

_____ Street/PO Box _____ City _____ State _____ Zip _____

Phone: (Home) _____ (Other) _____

3) Name _____ Relationship _____

_____ Street/PO Box _____ City _____ State _____ Zip _____

Phone: (Home) _____ (Other) _____

I, _____, hereby authorize Lake Logan Episcopal Center and its insurance company to request information regarding any record of charges or convictions in any criminal file maintained on me, whether said file is local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release the reporting agency from all liability that may result from any such disclosure made in response to this request.

Signature

Date

