

# FIRST ASSEMBLY CHRISTIAN SCHOOL CHAMP CAMP COUNSELOR APPLICATION

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ School/Alternate Phone \_\_\_\_\_

Are you presently in school? \_\_\_\_\_ Where \_\_\_\_\_ Grade \_\_\_\_\_

## PAST EMPLOYMENT

| Place of Employment & Address | Supervisor | Phone | Dates:<br>Start/End |
|-------------------------------|------------|-------|---------------------|
|                               |            |       |                     |
|                               |            |       |                     |
|                               |            |       |                     |
|                               |            |       |                     |
|                               |            |       |                     |

## EDUCATIONAL BACKGROUND

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Year Graduated \_\_\_\_\_

Degree held \_\_\_\_\_ Major \_\_\_\_\_ Year \_\_\_\_\_

(If not graduated, how many years have you completed? \_\_\_\_\_)

1. Are you 18 years of age or older? \_\_\_\_\_
2. Do you have certification in CPR, First Aid, or other? Yes/No      If yes, please list: \_\_\_\_\_  
\_\_\_\_\_
3. Why would you like to work at F.A.C.S.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What special skills do you possess that you could bring to the program? (Sports, drama, singing and/or musical instruments, arts & crafts, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you attend church regularly? \_\_\_\_\_ Where? \_\_\_\_\_
6. How could you be a positive role model for our students? \_\_\_\_\_  
\_\_\_\_\_
7. If you had to discipline a child, how would you handle it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How would you motivate a child who did not want to participate? \_\_\_\_\_  
\_\_\_\_\_
9. What are some strengths that you have in working with children? \_\_\_\_\_  
\_\_\_\_\_
10. What date would you be available to start work? \_\_\_\_\_ What time each day could you work? \_\_\_\_\_ Can you work during holidays? \_\_\_\_\_
11. Write a brief biographical sketch about yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Please give three names, addresses and phone numbers of people we could contact for a reference.

- 1.) \_\_\_\_\_  
\_\_\_\_\_
- 2.) \_\_\_\_\_  
\_\_\_\_\_
- 3.) \_\_\_\_\_  
\_\_\_\_\_