



SCREAMIN' EAGLE OUTFITTERS

"A Christian Based Wilderness Experience for Today's Generation"

340 Frankie Lane | Flat Rock, NC 28731 | Phone: 828-698-3686 | Fax: 888-780-5982

Web: www.screamineagleoutfitters.com | Email: kenny@screamineagleoutfitters.com

SUMMER CAMP STAFF JOB DESCRIPTION

Dear Prospective summer staff member,

We are excited about the possibility of you coming on staff here at SEO. God is moving in a big way here and we are trying to "Hang On" and enjoy the ride of the Holy Spirit. You will need to fill out the following application and return it as soon as possible to be considered for a summer experience here at SEO. We are praying for you now and the rest of the staff that God will be sending here for the summer. Please include a recent photo of yourself so that we can put a face with a name. Thanks again for your interest in serving God through the ministry here at SEO. We look forward to hearing from you soon and meeting you in the near future.

May God bless you in all you do!

In Christ,
*Kenny & Beth
Adcock*

SCREAMIN' EAGLE OUTFITTERS is looking to fill summer staff positions to work with teenagers in leading worship services through music, drama and games, providing skit participation, being involved in local mission projects as well as leading various recreational activities.

Requirements for this position are as follows:

- Christian
- A servant's heart
- College or Senior High student
- Male or Female
- Enjoys being in the outdoors
- Able to follow directions under the leadership of the Camp Director & Assistant Director
- Has an outgoing personality
- Willing to get "Crazy" for God
- Willing to work as a team with others in skits/drama/ games
- Willing to learn to lead High School, Middle School students in various activities (i.e. High & Low ropes course, Paintball, Caving, Zip line, etc.)

Dates to plan for: 2012

- STAFF INTERVIEWS:** February 4
- WORK WEEKENDS:** May 18 - 20, May 26 - 28
(All work weekends are optional, but beneficial)
- STAFF ORIENTATION:** June 3 - 16
(Mandatory for college students only)
High school staff will report on the Friday evening prior to their 4 weeks of service, or before with prior arrangements.
- SUMMER CAMP:** Weeks begin June 17 and last through August 4
(Obviously mandatory)
Your weekends will begin Friday as soon as camp clean-up is complete, through Sunday when we will meet back at 2:30 to attend Staff Meeting.

"What To Bring" List

- Watch
- Clothes to work in and be "trashed" (no tank tops or v-neck shirts)
- Bathing suit
- Flashlight or headlamp
- Bed linens (sleeping bag or sheets & a "blankie")
- Bug spray & toiletries
- Towels and wash clothes
- Skit/Game ideas, costumes & props
- Any other personal gear that you wish to bring for your weekend free time

"To live radically doesn't mean to live recklessly, but righteously."

- Steve Camp

SUMMER CAMP STAFF APPLICATION



FOR OFFICE USE ONLY:

Date received: _____

Called for interview: _____

Date set for interview: _____

Name: _____ Nick Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

School Phone #: (_____) _____ Cell Phone #: (_____) _____

Birthdate: ____/____/____ Age: _____ Sex: _____

Shirt Size: _____ S _____ M _____ L _____ XL _____ XXL

Driver's license #: _____ State: _____

Parent's Name(s) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (_____) _____

Home Church: _____ Phone #: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Pastor's Name: _____ Phone #: (_____) _____

Youth Pastor's Name: _____ Phone #: (_____) _____

EDUCATION HISTORY *(fill out all that is applicable):*

Home School: _____ Grade completed by camp: _____

Year of graduation: _____

College: _____ Major: _____

Year of graduation: _____

Other schools attended: _____

Activities and involvement: *List any organization with which you are now involved or have been involved with in the past. Give the name of the organization, offices held, length of involvement, and leadership position, if any, you held.*

Hobbies, interests, and recognition: *List any sports, hobbies or activities you enjoy or that you feel will help qualify you for position here at SEO.*

CAMP EXPERIENCE:

As a camper: Camp Name: _____ Years: _____

Camp Name: _____ Years: _____

As a camp employee or volunteer:

Camp Name: _____ Years: _____

Camp Name: _____ Years: _____

How did you find out about Screamin' Eagle Outfitters? _____

CERTIFICATION (*Indicate any current certification held and give dates of expiration*):

	CERTIFYING ORGANIZATION	EXPIRATION DATE
LIFE GUARD:	_____	_____
WATER SAFETY INSTRUCTOR:	_____	_____
STANDARD FIRST AID:	_____	_____
ADVANCED FIRST AID:	_____	_____
CPR:	_____	_____
EMT:	_____	_____
LPN:	_____	_____
RN:	_____	_____
OTHER:	_____	_____

GENERAL INFORMATION (*Please feel free to make any additional comments*):

Do you smoke? Yes No

Do you dip or chew tobacco? Yes No

Do you drink alcoholic beverages? Yes No

Has your driver's license ever been suspended or revoked? Yes No

Have you ever been convicted or treated for chemical dependency? Yes No

If yes on any of the above, please elaborate: _____

Have you ever been convicted of any violation of the law or released from prison within the last 10 years? Yes No

If yes, please elaborate: _____

Are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, care and guidance of children and teens? Yes No

If yes, please elaborate: _____

WORK / EMPLOYMENT HISTORY *(Please list your last two employers as follows):*

COMPANY	PHONE	DATES EMPLOYED	SUPERVISOR
_____	_____	_____	_____
Describe your responsibilities: _____			

Reason for leaving: _____			

COMPANY	PHONE	DATES EMPLOYED	SUPERVISOR
_____	_____	_____	_____
Describe your responsibilities: _____			

Reason for leaving: _____			

HEALTH INFORMATION *(To the best of your knowledge, are there any health reasons that would limit your ability to perform any of the functions for the job for which you are applying?):*

If yes, please explain: _____

General Health: ___ Excellent ___ Good ___ Fair ___ Poor

Physical Stamina: ___ Excellent ___ Good ___ Fair ___ Poor

What was the date of your last complete physical examination? _____

SPIRITUAL JOURNEY: On a separate sheet of paper, please write out your testimony describing your life prior to your acceptance of Jesus Christ and the growth process that has taken place to present. Please give specifics of the “Highs” and “Lows” over the last year.

What are your positions on the following issues: Abortion, Homosexuality, the inerrant scripture, and premarital sex?

Why do you want to work at SEO? What contributions do you feel you can make to the camp, staff and campers?

REFERENCES:

Included in this application packet are three reference forms. Please see that the correct people receive the appropriate form and an envelope previously addressed and stamped. After filling out the form, the person should mail them to the SEO office. Your application cannot be considered until all three forms have been filled out and returned to SEO. Please follow up on your references to make sure they send the form to us.

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SUMMER CAMP STAFF: ACQUAINTANCE REFERENCE

TO BE FILLED OUT BY AN ADULT ACQUAINTANCE (TEACHER, COACH, ETC.) WHO KNOWS YOU WELL.
THE PERSON SHOULD NOT BE A FAMILY MEMBER.

Name of applicant: _____ Position desired: _____

Address: _____

TO APPLICANT: Please complete this portion of the Reference Form before giving it to your reference. Pursuant to the Family Education Rights Act (Burkley Amendment) enacted on 12/31/74;

_____ I waive the right to inspect and review this completed reference.

_____ I do not waive the right to inspect and review this completed reference.

Applicant's Name (print) _____ Date: _____

Applicant's Signature: _____ Social Security #: _____

Dear Reference,

Thank you for taking the time to fill out this form. Because of our responsibility for the young people in our care, we want a staff that will work together well and take their responsibility seriously.

We would ask that you answer the following questions to the best of your ability according to the knowledge you have of the applicant. Please feel free to leave blank any questions you feel unqualified to answer, but please make note that you have not overlooked the question by placing a line through the question.

1. How long have you known the applicant? _____

In what capacity? _____

2. Do you feel that the applicant gets along with people well? _____

3. Does the applicant possess a willingness to learn? _____

4. Does the applicant possess a leadership ability?

- | | |
|--------------------------------|------------------------|
| a. ___ Makes no effort to lead | d. ___ Good ability |
| b. ___ Tries but lacks ability | e. ___ Unusual ability |
| c. ___ Some promise | |

5. Describe the applicant's emotional temperament.

- | | |
|----------------------------------|--|
| a. ___ Over-responds emotionally | d. ___ Balanced and controlled in most circumstances |
| b. ___ Tends to be moody | e. ___ Well balanced |
| c. ___ Sometimes well balanced | |

6. Describe the applicant's personality.

- | | |
|--------------------------|------------------|
| a. ___ Shy and withdrawn | d. ___ Outgoing |
| b. ___ Reserved | e. ___ Extrovert |
| c. ___ Average | |

(continued)

7. Please grade the applicant on the following characteristics and traits: **(1) Weak in that area, (2) Average, (3) Above average, (4) Superior.** Any additional comments would be appreciated.

- a. ___ Organizational skills _____
- b. ___ Dependability _____
- c. ___ Tactfulness _____
- d. ___ Physical stamina _____
- e. ___ Judgment _____
- f. ___ Honesty and personal integrity _____
- g. ___ Punctuality _____
- h. ___ Attitude toward physical labor _____
- i. ___ Friendliness _____

8. Are there any tendencies or traits which you feel might reduce the effectiveness of the applicant in a Christian camping program? _____

9. Do you recommend the applicant as a member of our summer staff? _____
If not, explain: _____

10. Would you want your child placed under the direct charge and influence of this individual for a good percentage of each day? _____ Explain: _____

Additional Comments: _____

Reference Name (print) _____

Reference Signature: _____ Date: _____

Phone Numbers: Home (_____) _____

Work (_____) _____

Cell (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Thank you for your time and effort in filling out this form.

Please mail to:
Screamin' Eagle Outfitters
340 Frankie Lane
Flat Rock, NC 28731

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SUMMER CAMP STAFF: EMPLOYER REFERENCE

TO BE FILLED OUT BY MOST RECENT EMPLOYER

Name of applicant: _____ Position desired: _____

Address: _____

TO APPLICANT: Please complete this portion of the Reference Form before giving it to your reference. Pursuant to the Family Education Rights Act (Burkley Amendment) enacted on 12/31/74;

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_____ I do not waive the right to inspect and review this completed reference.

Applicant's Name (print) _____ Date: _____

Applicant's Signature: _____ Social Security #: _____

Dear Reference,

Thank you for taking the time to fill out this form. Because of our responsibility for the young people in our care, we want a staff that will work together well and take their responsibility seriously.

We would ask that you answer the following questions to the best of your ability according to the knowledge you have of the applicant. Please feel free to leave blank any questions you feel unqualified to answer, but please make note that you have not overlooked the question by placing a line through the question.

1. How long have you known the applicant? _____

In what capacity? _____

2. Do you feel that the applicant gets along with people well? _____

3. Does the applicant possess a willingness to learn? _____

4. Does the applicant possess a leadership ability?

- | | |
|--------------------------------|------------------------|
| a. ___ Makes no effort to lead | d. ___ Good ability |
| b. ___ Tries but lacks ability | e. ___ Unusual ability |
| c. ___ Some promise | |

5. Describe the applicant's emotional temperament.

- | | |
|----------------------------------|--|
| a. ___ Over-responds emotionally | d. ___ Balanced and controlled in most circumstances |
| b. ___ Tends to be moody | e. ___ Well balanced |
| c. ___ Sometimes well balanced | |

6. Describe the applicant's personality.

- | | |
|--------------------------|------------------|
| a. ___ Shy and withdrawn | d. ___ Outgoing |
| b. ___ Reserved | e. ___ Extrovert |
| c. ___ Average | |

(continued)

7. Please grade the applicant on the following characteristics and traits: **(1) Weak in that area, (2) Average, (3) Above average, (4) Superior.** Any additional comments would be appreciated.

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- b. ___ Dependability _____
- c. ___ Tactfulness _____
- d. ___ Physical stamina _____
- e. ___ Judgment _____
- f. ___ Honesty and personal integrity _____
- g. ___ Punctuality _____
- h. ___ Attitude toward physical labor _____
- i. ___ Friendliness _____

8. Are there any tendencies or traits which you feel might reduce the effectiveness of the applicant in a Christian camping program? _____

9. Do you recommend the applicant as a member of our summer staff? _____
If not, explain: _____

10. Would you want your child placed under the direct charge and influence of this individual for a good percentage of each day? _____ Explain: _____

Additional Comments: _____

Reference Name (print) _____

Reference Signature: _____ Date: _____

Phone Numbers: Home (_____) _____

Work (_____) _____

Cell (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Thank you for your time and effort in filling out this form.

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SUMMER CAMP STAFF: PASTOR REFERENCE

TO BE FILLED OUT BY YOUR SENIOR PASTOR OR STUDENT MINISTER

Name of applicant: _____ Position desired: _____

Address: _____

TO APPLICANT: Please complete this portion of the Reference Form before giving it to your reference. Pursuant to the Family Education Rights Act (Burkley Amendment) enacted on 12/31/74;

_____ I waive the right to inspect and review this completed reference.

_____ I do not waive the right to inspect and review this completed reference.

Applicant's Name (print) _____ Date: _____

Applicant's Signature: _____ Social Security #: _____

Dear Reference,

Thank you for taking the time to fill out this form. Because of our responsibility for the young people in our care, we want a staff that will work together well and take their responsibility seriously.

We would ask that you answer the following questions to the best of your ability according to the knowledge you have of the applicant. Please feel free to leave blank any questions you feel unqualified to answer, but please make note that you have not overlooked the question by placing a line through the question.

1. How long have you known the applicant? _____

In what capacity? _____

2. Do you feel that the applicant gets along with people well? _____

3. Does the applicant possess a willingness to learn? _____

4. Does the applicant possess a leadership ability?

- | | |
|--------------------------------|------------------------|
| a. ___ Makes no effort to lead | d. ___ Good ability |
| b. ___ Tries but lacks ability | e. ___ Unusual ability |
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5. Describe the applicant's emotional temperament.

- | | |
|----------------------------------|--|
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| b. ___ Tends to be moody | e. ___ Well balanced |
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6. Describe the applicant's personality.

- | | |
|--------------------------|------------------|
| a. ___ Shy and withdrawn | d. ___ Outgoing |
| b. ___ Reserved | e. ___ Extrovert |
| c. ___ Average | |

(continued)

7. Please grade the applicant on the following characteristics and traits: **(1) Weak in that area, (2) Average, (3) Above average, (4) Superior.** Any additional comments would be appreciated.

- a. ___ Organizational skills _____
- b. ___ Dependability _____
- c. ___ Tactfulness _____
- d. ___ Physical stamina _____
- e. ___ Judgment _____
- f. ___ Honesty and personal integrity _____
- g. ___ Punctuality _____
- h. ___ Attitude toward physical labor _____
- i. ___ Friendliness _____

8. Are there any tendencies or traits which you feel might reduce the effectiveness of the applicant in a Christian camping program? _____

9. Do you recommend the applicant as a member of our summer staff? _____
If not, explain: _____

10. Would you want your child placed under the direct charge and influence of this individual for a good percentage of each day? _____ Explain: _____

Additional Comments: _____

Reference Name (print) _____

Reference Signature: _____ Date: _____

Phone Numbers: Home (_____) _____

Work (_____) _____

Cell (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Thank you for your time and effort in filling out this form.

Please mail to:
Screamin' Eagle Outfitters
340 Frankie Lane
Flat Rock, NC 28731

SCREAMIN' EAGLE OUTFITTERS RECREATION RELEASE FORM

Participant _____

Address _____

City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____ Phone _____

I, the undersigned, want to participate in the recreation offered by Screamin' Eagle Outfitters and sign this release and assumption of risk in consideration of being given the opportunity to engage in these activities.

I understand that:

- (1) The activities can be physically and mentally intense and may require extreme exertion to participate in and that the possibility of injury to others and myself exist.
- (2) The activities can be dangerous if not played in accordance with stated rules which I will have been made aware of, understand and will abide by.

I confirm and agree that:

- (1) I am fully aware of the risk and I fully assume the risk that I am physically and mentally able to be fully involved in these activities and will comply with all rules, regulations and the full and complete use of all equipment so as not to injure or hurt myself or other participants.

RELEASE

I hereby release, remise and forever discharge from any claims and liabilities whatsoever without limitations that I might have against Screamin' Eagle Outfitters or their personnel, members, employees and agents (wherever located and whenever I might participate) or related activities and any operator or their personnel, hereafter called the sponsors and the property owners, indemnifying and releasing them against any and all claims, actions, suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from participating in any of the recreation, including, without limitation, these resulting from the manufacture, selection, delivery, possession use, or operation of such equipment. I hereby release the sponsors and property owners from any and all such liability, and I understand that this release shall be binding upon my estate, my heirs, my representatives and assigns. I hereby certify to the sponsors and property owners that I am in good health and do not suffer from a heart condition or other ailment which could be exacerbated by the exertion involved in participating in any of the recreation offered by Screamin' Eagle Outfitters.

I assign to Screamin' Eagle Outfitters all rights to use any photographs or video of me taken relative to participation in any and all activities.

→ I confirm that I have specific insurance to cover any injuries that I may sustain or cause.
I state that I am at least 18 years of age and in good health and will be bound by this agreement.

Signature of adult camper/staffer _____ Date ____ / ____ / ____

→ I do not have specific insurance coverage to cover any injuries, but will accept all responsibilities that I may sustain or cause.
I state that I am at least 18 years of age and in good health and will be bound by this agreement.

Signature of adult camper/staffer _____ Date ____ / ____ / ____

COMPLETE THIS SECTION (ONLY) IF YOU ARE UNDER 18 YEARS OLD

If you are under 18, please have this agreement guaranteed by having your parent, guardian, or responsible person over age 21 sign below.

Parent Agreement: My signature below indicates that I agree to be bound by this release and assumption of risk for the participant and myself under this agreement.

Parent/Guardian Signature _____ Date ____ / ____ / ____

Parent Name (please print) _____

Address _____

City _____ State _____ Zip _____

Relationship to participant _____

This is fully intended to be a legally binding contract. If I have any doubts concerning any aspect of its contents, I will consult an attorney before signing it.

SCREAMIN' EAGLE OUTFITTERS – MEDICAL RELEASE FORM

Participant's Name _____ Age _____ Date of Birth ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Participant's Social Security #: _____

PERSON TO NOTIFY:

Father: _____ # (_____) _____ # (_____) _____

Mother: _____ # (_____) _____ # (_____) _____

Father's Employer & Phone: _____ # (_____) _____

Mothers Employer & Phone: _____ # (_____) _____

MEDICAL INFORMATION:

Participant's Physician & Phone: _____ # (_____) _____

Participant's Dentist & Phone: _____ # (_____) _____

Allergic to any Medicines? ____ Yes ____ No If so, what: _____

Allergic to any Foods? ____ Yes ____ No If so, what: _____

List of other Allergies: _____

General Medical History: _____

Currently on any prescription medication? ____ Yes ____ No If so, what: _____

Additional Comments: (Please add all other health information we may need to properly care for the participant.

Attach additional sheets if needed.) _____

INSURANCE INFORMATION:

Insurance Company or Group _____

Policy #: _____ Phone # (_____) _____

Group #: _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I am unavailable for purposes of providing parental consent, I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with Screamin' Eagle Outfitters, of Hendersonville, North Carolina, to consent to any examination, x-ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon on the medical staff of a hospital or other medical center. I hereby authorize the physician (s) and staff of a hospital or other medical facility to provide such medical care that includes diagnostic procedures and medical treatment as necessary to my minor son or daughter while participating with Screamin' Eagle Outfitters. I, the undersigned, do hereby verify that all information is correct and I do hereby release all members, employees and agents of Screamin' Eagle Outfitters from any and all claims, demands, actions or cause of action, past, present, or future arising from and damage or injury while participating with Screamin' Eagle Outfitters in any activity on or off their premises, including outings and trips.

This form shall be valid for one year from the date listed below.

Dated this _____ day of _____, Year _____, State of _____

Country of _____

Signed _____ Relation: _____

(A parent or guardian must sign this space if the participant is under the age of 18, otherwise the participant must sign the space above.)