



Dear Applicant,

Winter/Spring 2009

SPIRIT in the PINES Camp is looking for several, motivated, fun-loving, hard working individuals who love God, love kids, and love growing close and connected with a wonderful group of caring fellow summer staff members. You will create memories, and make friends that will last your whole life. You will experience the awesome, life changing power, love, and Grace of God through the campers, the counselors, the families, and through each other! Working at a church camp is the best summer job! However, be very careful it could change your life! It did mine!

SPIRIT in the PINES is an ELCA Lutheran youth and family camp located 45 minutes north of Brainerd, MN. The camp is just outside the town of Hackensack (birthplace of Paul Bunyan's sweetheart, Lucette!) on beautiful Pleasant Lake. The camp is an outreach of St. Andrew Lutheran Church in Eden Prairie, MN and is enjoying its 6th year of camping! The camp draws approximately 650 - 2nd thru 9th grade campers for the summer during the weeks, and an additional 80 families on the weekends.

The Spirit in the Pines Camp staff is responsible for the programming and support of the camp while living together in the staff house. The actual counseling and staying with the campers is done by over 150 mostly high school and some college age counselor and counselor-in-training volunteers! Each staff member leads, or helps lead all of the activities, bible studies, worship, campfires, and meals. They also guide and mentor the counselors of a cabin and help lead devotions each night with the counselor.

Thank you for your interest in wanting to be part of the SPIRIT in the PINES Camp staff team! Please complete the attached Camp Staff Application as soon as possible and return it to the address below. Choose two people (teachers, former employers, etc.) who would be willing to fill out the attached reference forms on your behalf. These forms should be returned as soon as possible. Your application will not be considered until I have received your two completed Staff Reference Forms. Please do not hesitate to contact me by phone or e-mail if you have any questions, comments, or concerns.

God's peace,

Burke W. Hancer
Camping & Young Adult Minister
Work - 952-937-2776 ext.16
Cell - 612-239-1212
bhancer@standrewlu.org

St. Andrew Lutheran Church, 13600 Technology Drive, Eden Prairie, MN 55344



Spirit in the Pines Camp

Camp Staff Application Summer 2009

Personal Information

Name _____ Today's Date _____

Social Security # _____ Age _____ Birth Date _____ Male Female
(Circle One)

Parents Names _____

Home Address _____
(Street) (City, State) (Zip Code)

School Address _____
(Street) (City, State) (Zip Code)

School Attending (if applicable) _____ Year _____

E-mail Address _____ Cell Phone _____ Home Phone _____

St. Andrew Member? Yes No If no, where? _____
(Circle One)

Personal Reference

Please list your two references (other than a relative) that will be filling out a Staff Reference Form on your behalf. Please have these forms returned to Burke Hancer at St. Andrew Church as soon as possible. Your application will not be considered until we have received your two completed Staff Reference Forms.

Name _____ Phone _____

Name _____ Phone _____

Personal Experiences

- 1) Please list any previous camp staff/counseling experience you have had. Please list camp names also.
- 2) Other than camp, please list experiences you have had working with young people. What have you learned?
- 3) Please check any certifications and/or qualifications you hold and their expiration date.
 _____ CPR/Exp. Date _____ Basic First Aid/Exp. Date _____
 _____ Lifeguard/Exp. Date _____ WSI Lifeguard/Exp. Date _____
 _____ Other/Exp. Date (please list) _____



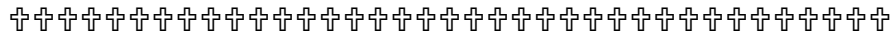
Camp Staff Reference Form



SPIRIT in the PINES Camp, 13600 Technology Drive, Eden Prairie, MN 55344

Name of Applicant _____

Thank you for agreeing to serve as a reference for the above named staff applicant. The applicant is applying for a summer staff position at SPIRIT in the PINES Camp, an outreach of St. Andrew Lutheran Church. Please give these questions and evaluations thoughtful consideration and answer them to the best of your knowledge. Your responses and comments will be kept in strict confidence and will provide greatly needed insight and information on the applicant's qualifications and character. We look forward in hiring those individuals whose personality and abilities will provide a solid basis for a successful and enjoyable experience working with youth for all involved.



How long have you known the applicant and in what capacity?

If selected, the applicant will be in a significant leadership role with 2nd to 9th grade campers, as well as high school age counselors in a variety of activities in a Christian setting. Have you seen this applicant work with children? What were your observations?

What do you see as the applicant's greatest strengths and greatest weaknesses as they pertain to being on staff?

How does this person express and demonstrate her/his beliefs? Are they a positive role model?

How does the applicant relate to others (youth, peers, adults)?

Please rate the applicant on the following qualities. Feel free to add any comments.

Rating: 1 - Top 5%, 2 - Excellent, 3 - Good, 4 - Fair, 5 - Poor, 6 - Don't know.

- ❖ Personal Integrity & Honesty ① ② ③ ④ ⑤ ⑥
- ❖ Maturity ① ② ③ ④ ⑤ ⑥
- ❖ Dependability ① ② ③ ④ ⑤ ⑥
- ❖ Responsible ① ② ③ ④ ⑤ ⑥
- ❖ Considerate of Others ① ② ③ ④ ⑤ ⑥
- ❖ Helpful & Caring ① ② ③ ④ ⑤ ⑥
- ❖ Enthusiasm & Energy ① ② ③ ④ ⑤ ⑥
- ❖ Works Well With Others ① ② ③ ④ ⑤ ⑥
- ❖ Works Independently ① ② ③ ④ ⑤ ⑥
- ❖ Communication Skills ① ② ③ ④ ⑤ ⑥
- ❖ Ability to take direction & accept Criticism ① ② ③ ④ ⑤ ⑥

Would you want this applicant to care for and lead your own child at camp?

Do you know of any reason this applicant should NOT work with children and high school youth and should NOT be hired?

*Please sign this form after completing both sides and mail it to the address on the bottom of this page.

NAME

Phone #

SIGNATURE

DATE

Mail Reference Form to:

Burke W. Hancer
St. Andrew Lutheran Church
13600 Technology Drive
Eden Prairie, MN 55344

Phone: 952-937-2776 x16
FAX: 952-937-2777
E-mail: bhancer@standrewlu.org



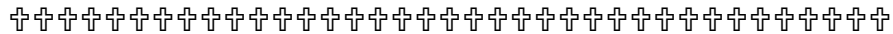
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NAME

Phone #

SIGNATURE

DATE

Mail Reference Form to:

Burke W. Hancer
St. Andrew Lutheran Church
13600 Technology Drive
Eden Prairie, MN 55344

Phone: 952-937-2776 x16
FAX: 952-937-2777
E-mail: bhancer@standrewlu.org

2009 SPIRIT in the PINES Health Evaluation Form

Counselor / CIT / Staff

This Health Evaluation Form is **required** and should be turned in to Burke Hancer at the same time you turn in your Counselor/CIT Application. Please fill this form out completely including the "Consent for Non-Prescription Medications" and sign it. **A physical examination is required every 2 years. If your last physical was before June 1, 2007, you must see your doctor prior to attending camp.** A copy of the examination does not need to be included with this form. **A current copy of your Immunization Record must be attached.**

DATE OF CAMP WEEK _____

Participant's Full Name _____ M or F Age _____ Birth Date _____
(Circle one)

Address _____ City/State _____ Zip _____

Parent/Guardian _____ Phone (H) _____ Work/Cell _____
(Circle one)

Second Parent/Guardian _____ Phone (H) _____ Work/Cell _____
(Circle one)

Emergency Contact Person _____ Phone _____

Physician's Name _____ Phone _____

Clinic Name _____ Phone _____

Health Insurance Information

Insurance Carrier _____ **Group #** _____

Carrier Address _____ **Phone #** _____

Name of Policy Holder _____ **ID #** _____

Birth date of Policy Holder _____ *please attach copy of insurance card*

IMPORTANT: IN CASE OF MEDICAL EMERGENCY, I understand that the camp staff will attempt to contact my parent or my Emergency Contact Person. In the event that parents or Emergency Contact Person cannot be reached, I give permission to the Physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for participant, as named above. I understand that I am fully responsible for all payments incurred for such treatment. I also understand that Medical and Hospital insurance is not provided by St. Andrew Lutheran Church or SPIRIT in the PINES Camp. All information on this Health Evaluation Form is accurate and true to the best of my knowledge.

Activities at Spirit in the Pines may include, but are not limited to active outdoor games, swimming, floating raft, canoeing, boating, group building course, and off-site activities. All activities are staffed and supervised to ensure safety. I understand the risks involved in such activities, and give permission for my child to participate in all activities.

I also give permission for participant's picture to be taken at camp and used for promotional/keepsake purposes. I understand that participant's name will not be used in conjunction with the photo.

SIGNED _____ **DATE** _____

Parent or Guardian or Participant if age 18 or older
(Circle one)

(Over)

Date of Last Physical Examination _____

1) Does the participant have any allergies? Yes No
(Circle one)

Please list if "Yes" _____

2) Has the participant recently been exposed to any contagious diseases? Yes No
(Circle one)

Please list details if "Yes" _____

If participant has been ill, please contact Burke Hancer prior to attending.

3) Is the participant taking any medication which must be continued at camp? Yes No
(Circle one)

If "Yes", list medication(s) _____
(Attach a separate sheet if necessary)

The medication must be clearly marked with the participant's name and dose instructions in the original container. Any change to original instructions requires a signed note from the parent/guardian stating those changes. The camp health professional or camp director will dispense all medication.

For the safety of all Campers, Counselors and CIT's, and in accordance with Minnesota Department of Health Guidelines, medication must not be packed in luggage. All medications must be turned in at the check-in table at St. Andrew before departing for camp. It is not necessary to bring over-the-counter medications, as they are available at the camp Health Office. (See list of available medications below.)

6) Are there any health restrictions on the participant's activity? Yes No
(Circle one)

Please state details if "Yes" _____

7) Are there any health restrictions on the participant's diet? Yes No
(Circle one)

Please state details if "Yes" _____

8) Does the participant have any medical/behavioral/social problems the camp should be informed of? Yes No
(Circle one)

Please list details if "Yes" _____

If Asthma is listed, please fill out the "Asthma History and Treatment" form and attach it to this form. Visit www.standrewlu.org/camping/shtml to print a copy of the Asthma form.

9) Other information helpful to camp staff _____

Consent for Non-Prescription Medication

I hereby give SPIRIT in the PINES Camp permission to administer any of the following over-the-counter medication(s) that are checked. Medications will be dispensed in accordance with the directions for age appropriate use on the container. Please check all that apply.

_____ Acetaminophen (Tylenol)	_____ Ibuprofen (Advil)	_____ Sunscreen
_____ Cold Medication (antihistamine/decongestant)	_____ Cough Suppressant	_____ Cough Lozenges
_____ Tums	_____ Pepto-Bismol	_____ Imodium A-D
_____ Eye Drops	_____ Ear Drops	_____ Insect Repellent
_____ Benadryl	_____ Topical Itch Cream (Hydrocortisone)	_____ Poison Ivy Cream

Parent/Guardian Signature _____ **Date** _____
or participant if age 18 or older

**Remember to attach a current copy of your Immunization Record
AND a copy of the Health Insurance Card, both sides.**

ASTHMA HISTORY & TREATMENT FORM

SPIRIT in the PINES Camp - Counselor / CIT / Staff

Participant's Name _____ Date _____

Parent's Name _____ Phone (H) _____

Address _____ Phone (W) _____

Physician treating participant's asthma _____ Phone _____

1. How long has the participant had asthma? _____

2. Please rate the severity of his/her asthma. (circle one)

(Not severe) 1 2 3 4 5 6 7 8 9 10 (Severe)

3. What triggers the participant's asthma attacks? (Please check any that apply and describe as fully as possible.)

_____ Illness

_____ Emotions

_____ Medications

_____ Weather

_____ Exercise

_____ Smoke

_____ Foods

_____ Fatigue

_____ Chemical odors

_____ Allergies (Please list) _____

_____ Other (Please list) _____

4. What does the participant do at home to relieve wheezing during an asthma attack? (Please check any that apply.)

_____ Rest/Relaxation

_____ Drinks liquids

_____ Breathing exercises (Please describe)

_____ Takes medication:

_____ Inhaler _____

(name medication)

_____ Nebulizer _____

_____ Oral medication _____

_____ Other (Please describe) _____

5. In which sports can the participant fully participate?

6. What medications does the participant take and how often?
Every day _____
Just for wheezing/attacks _____
Before exercise _____
Certain times of the year or when ill _____
7. What, if any, side effects does the participant have from his/her medication?
8. Does the participant understand asthma and what he or she should do to manage it?
9. Approximately how often does the participant have an acute episode?
10. How do you want SPIRIT in the PINES staff to treat an episode of asthma if it should occur?
11. If the participant does not respond to medication what action should the SPIRIT in the PINES staff take?

COMMENTS:

Signature of Parent/Guardian or participant if age 18 & over _____