



## RESOURCE STAFF POSITION DESCRIPTION

### Position Title

Resource Staff

### Position Purpose

To provide for the physical, mental, and spiritual welfare of campers attending the Camp Perkins summer program through assistance in areas of need such as program, technology, kitchen, housekeeping, and maintenance.

### Reporting Relationship

- ◆ Program Director
- ◆ Assigned Supervisor

### Qualifications

- ◆ Completed application process and background check.
- ◆ Understanding and compliance with Camp Perkins Mission Statement.
- ◆ A positive role model and motivator.
- ◆ Love and concern for others.
- ◆ Good stewardship of time, talents, and treasures.
- ◆ Spiritual and emotional maturity.
- ◆ A Scriptural faith.
- ◆ Ability to follow instructions.
- ◆ Cooperative.
- ◆ Enjoy the outdoors.
- ◆ Willing to work hard.

### General Responsibilities

- ◆ Attend all camp devotions and Bible studies as duties allow.
- ◆ Place well-being of campers before personal desires.
- ◆ Adhere to Camp Perkins' policies and procedures.
- ◆ Care for camp facilities and equipment.
- ◆ Assist the Foodservice Director with the daily duties of food service as assigned.
- ◆ Assist the Head of Housekeeping and/or Maintenance with the daily duties of camp facility care as assigned.
- ◆ Identify and meet the needs of the campers.
- ◆ Complete additional tasks as assigned.

### Length of Service

Resource Staff will be contracted for one week of service. After that week, if the individual desires to volunteer for additional time, they may do so pending the needs of the camp.



## Resource Staff Application Information

### 1. PURPOSE OF RESOURCES STAFF PROGRAM

The purpose of the resource staff program is to provide servant and leadership opportunities for adults and to assist the camp in needed areas.

### 2. REQUIREMENTS

Volunteers must be 18+ years old, complete the application process, and submit to a background check.

### 3. PERSONAL LETTER OF APPLICATION

A letter of application must accompany each volunteer application. This letter should include: (1) “why” the decision to apply, (2) personal qualifications, and (3) goals to be achieved through the volunteer experience. Additionally, please provide proof of insurance.

### 4. SERVICE AVAILABILITY

Most volunteers serve for a one-week session. After that week, if the individual desires to volunteer for additional time, they may do so pending the needs of the camp.

*\*\*Please Note – housing may not be available over a weekend. Prior arrangements must be made with the Program Director.*

### 5. PARENT/GUARDIAN OF YOUTH CAMPERS

In order to provide a quality experience for the camper, volunteers are asked to minimize contact with their children while they are in a cabin group. This includes not sitting with them at meals and not entering their cabin during the week. The camper must remain under camp staff supervision at all times.

### 7. CRITERIA FOR ACCEPTANCE

Camp Perkins accepts volunteers for each of the sessions during the summer based on the perceived needs of each camp session. Volunteers will be accepted on the basis of the dates in which their services are needed most.

The criteria used to select Volunteers are as follows:

1. Strength of application
2. Skills and talents
3. References
4. Availability
5. Motivation for application
6. Prior Camp Perkins experience

### 8. PAST VOLUNTEERS

Applicants who have been volunteers previously are only required to complete the basic information and date request each year.



Attach  
photo  
here

## Resource Staff Application

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

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

Male  Female  Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ T-Shirt Size \_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_ Denomination \_\_\_\_\_ Synod \_\_\_\_\_

Specific Dates of Service Availability: \_\_\_\_\_

### First time applicants only

#### SKILLS & ABILITIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CERTIFICATIONS/LICENSES (Please attach copy of each certification or licenses, attach additional sheets if necessary)

Certification/License	Certifying Organization	Expiration Date
_____	_____	_____
_____	_____	_____

#### EMPLOYMENT HISTORY (List two most recent employers)

Employer	Address/City / State / Zip	Phone	Position	Dates
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

#### REFERENCES List names and addresses of 2 people (not relatives) who have knowledge of your character, experience, and ability.

Name	Address	Telephone	Relationship to you
1. _____	_____	(____) _____	_____



2. \_\_\_\_\_ ( ) \_\_\_\_\_

**All applicants**

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Have you ever been convicted of a child abuse or sexual abuse offense? \_\_\_\_ If yes, explain:

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any impairment, physical or mental, which might limit or affect your duties? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

**APPLICANT'S SIGNATURE:** Your signature below verifies that you have completed this application form, that all information is true to the best of your knowledge, and you are herewith submitting it to Camp Perkins on your behalf. If accepted into a position, any false statements on this form are grounds for immediate dismissal. You give permission for Camp Perkins to complete a background check. I give my permission to contact any previous employer and/or reference and/or school and I will hold harmless any such employer/reference/school for any information they release about me relative to my volunteering with Camp Perkins.

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

*Applicant's Signature*

**Return This  
Application To:**

**Camp Perkins Attn: Program Director  
219 S. River St. Suite 203, Hailey, ID 83333**