

# CAMP PATTERSONVILLE

## HEALTH DIRECTOR APPLICATION

**PERSONAL**

(circle one)

Female / Male

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Describe your general health and any limitations that would affect you performing the duties of camp health director:

\_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ Please provide details: \_\_\_\_\_

**EDUCATION**

School/University

Degree/Certificate

Year completed

\_\_\_\_\_

\_\_\_\_\_

Please provide copies of your current NYS medical registration and certifications for 1<sup>st</sup> Aid and CPR

**EMPLOYMENT**

Current or most recent employer: (attach a separate page for any additional information)

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor(s) Name(s): \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description of duties and responsibilities:

\_\_\_\_\_

\_\_\_\_\_

**CHURCH**

Church Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Church Address: \_\_\_\_\_

Member (Y/N) \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Do you accept the Camp Pattersonville Confession of Faith & Code of Conduct? \_\_\_\_\_

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The reference form must be completed and returned by your pastor and an employer in order to consider your application. Please list your references and send the form to them:

1. Pastor \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

2. Employer \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_

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\*\*Have you ever been convicted of any crime, including sex-related or child-abuse related offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Please check all available weeks (see [www.camppattersonville.org](http://www.camppattersonville.org) for specific dates):

Staff Week:	Camper Week 1:	Camper Week 2:	Camper Week 3:	Camper Week 4:	Camper Week 5:

**CHRISTIAN TESTIMONY (use additional paper)**

1. What has been your experience in camping and/or ministry? (Give dates and details of any certification)
2. Please tell us how you came to know the Lord and your Christian commitment. (i.e. your testimony)
3. Why do you want to work at Camp Pattersonville?
4. How have you grown in your walk with the Lord in the past year?

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**Contact Information:**

Questions: Email or call Matthew Hogan at: [apply@camppattersonville.org](mailto:apply@camppattersonville.org) or 518-487-9011

**Return your application to:**

Al Steinbach  
 141 Gordon Rd  
 Schenectady, NY 12306

OR by email: [apply@camppattersonville.org](mailto:apply@camppattersonville.org)