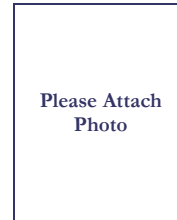


The Vineyard



Vineyard International Counselor Program (V.I.C.P) Staff Application, 2010 Season

Surname(s): _____ (as it appears in your passport)

Given Name(s): _____ (as it appears in your passport)

Passport #: _____ | Passport Expiration Date: _____ (mm/dd/yyyy)

Country of Issuance: _____ | Electronic Passport? YES NO

The name you would prefer to be called: _____ | Social Security #: _____ (if any) | Date of birth: _____ (mm/dd/yyyy)

Gender: (male) | (female) | Height: _____ (feet, inches) | Weight: _____ (pounds)

Place of birth: _____ (city/state) | _____ (country)

Country of citizenship: _____ | Country of permanent residence: _____

Your address: _____ | City: _____

State: _____ | Zip: _____ | Country: _____ | Phone: _____
country code - area code - #

Cell: _____ | Fax: _____ | E-Mail: _____
country code - area code - #

Your parents address: _____ | City: _____ | State: _____

Zip: _____ | Country: _____ | Phone: _____
country code - area code - #

Exact age as of June 1, 2010: _____ | Classification in school: _____

Name of High School/University: _____

Have you declared a major yet? | If yes, please describe: _____

Name of camp last attended: _____ | Number of years: _____

What is your church affiliation? (Catholic) | (Protestant) Name of denomination: _____ | Other: _____

What is the religion/denomination of the parents? _____ (father) | _____ (mother)

FOR WHICH TERMS WOULD YOU LIKE TO BE EMPLOYED?

Please note that each letter represents a one-week session. All first-time VICP staff must participate in a non-paid VICP orientation. Please consider applying for the high camping season, sessions B-J, or B-K

<input type="checkbox"/> A. May 30 – June 05	<input type="checkbox"/> F. July 04 – July 10	<input type="checkbox"/> K. August 08 - August 14
<input type="checkbox"/> B. June 06 – June 12	<input type="checkbox"/> G. July 11 – July 17	<input type="checkbox"/> L. August 15 – August 21
<input type="checkbox"/> C. June 13 – June 19	<input type="checkbox"/> H. July 18 – July 24	<input type="checkbox"/> M. August 22 – August 28
<input type="checkbox"/> D. June 20 – June 26	<input type="checkbox"/> I. July 25 – July 31	EARLIEST POSSIBLE ARRIVAL DATE:
<input type="checkbox"/> E. June 27 – July 03	<input type="checkbox"/> J. August 01 – August 07	LATEST POSSIBLE DEPARTURE DATE:

FOR OFFICE STAFF ONLY

Staff I.D. Number: _____ by: _____ Job: _____

Sessions Hired: A B C D E F G H I J K L M

Summer Salary \$ _____ Will teach: _____

PLEASE TELL US ABOUT YOUR FAMILY

Father's name (DR./MR.):			
Occupation of father:			
Address of father:			City:
State:	Zip:	Country:	Phone:
Work:	Fax:	E-Mail:	
Mother's name (Dr./Mrs./Ms.):			
Occupation of mother:			
Address of mother (if different):			City:
State:	Zip:	Country:	Phone:
Work:	Fax:	E-Mail:	
If you have brothers or sisters at camp for the dates you have requested, please state their names:			
Names of brothers:	Age:	*	Age:
Names of sisters:	Age:	*	Age:

HOW DID YOU HEAR ABOUT US?

Camp presentation:	<input type="checkbox"/>
Camp fair:	<input type="checkbox"/>
Newspaper ad:	<input type="checkbox"/>
Internet:	<input type="checkbox"/>
A friend (Who?)	<input type="checkbox"/>
Other (please elaborate)	<input type="checkbox"/>

DO YOU HAVE FRIENDS INTERESTED IN WORKING AT CAMP THIS SUMMER?

Name:
Address:
City, State, Zip, Country:
Tel:
E-Mail:
Name:
Address:
City, State, Zip, Country:
Tel:
E-Mail:

Insurance:

VICP staff will receive up to four (4) months of limited emergency medical and illness insurance coverage, and limited insurance coverage for emergency medical evacuation and repatriation of remains. The insurance coverage is valid during the time of employment in the cultural exchange program. Applicants interested in traveling before or after employment are required to purchase additional insurance for the time of travel. All applicants are required to maintain the insurance requirements of the J-1 visa program from the time they arrive into the USA until they depart from the USA. For details about the medical insurance coverage please see or request the Medical Insurance Policy. For details about medical insurance requirements, please refer to the J-1 visa program or your DS-2019 document.

VICP staff that already have an insurance policy that fulfills the J-1 visa insurance requirements can choose to maintain their own insurance and decline the VICP insurance. These staff will automatically forfeit the VICP insurance and receive a discount of \$100. Proof of insurance is required to receive the discount and must be presented during the interview.

Fees to Staff:

All VICP candidates must pay a VICP fee of \$365. The fees are non-refundable if the applicant is placed. However, if the applicant is not placed by March 31, 2010, \$350 will be refunded. Staff are responsible for their own transportation, including airfare. The fees DO NOT include any type of transportation, personal expenses, travel, meals, lodging, laundry service, etc. It does not include fees required by the embassy or the \$35 SEVIS I-901 fee. Additional embassy fees apply. Please visit your local US Embassy website for information on J-1 Visa procedures and fees.

Compensation:

Camps will pay a salary that is comparable to that of a US staff in the same position. Camps pay a salary typically between \$180/week and \$250/week depending on job position and experience. All camps will provide room and board and meals at camp free of charge. Most camps will also provide laundry service free of charge.

ABOUT YOUR JOB

We cannot promise that we will honor all requests, but, given a choice, with which age group would you **prefer** to work? Do you play a musical instrument? If yes, what:

Is there an age group with which you do not want to work? What is your main skill?

Have you ever been a staff at a camp before? If yes, please name the camp and tell us why you are not working there this summer (Camp Name)

Skills and Level of Competence

Please indicate the area in which you **ARE QUALIFIED** to teach. Carefully indicate the areas in which you are proficient and indicate any form of special training, awards, or certifications you have received. If you are not qualified, please leave blank.



ACTIVITY	Average	High	Expert	Instructor	Certified	Notes / Awards
Billiards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Body Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cheerleading/Body Toning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wilderness Adventures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conversational French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conversational Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Farm Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Football (American)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diving (platform)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High Ropes Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hiking/Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Low Ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mountain Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paint Ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rappelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Riflery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silk Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skeet Shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zip-Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Musical Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please list (in order of preference) the three activities in which you would most like to assist:

1. _____ 2. _____ 3. _____

Are you certified in any of the following areas?

Area	Expiration of Certificate
CPR	<input type="checkbox"/>
Life Guard	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>
Mountain Rescue	<input type="checkbox"/>

Area	Expiration of Certificate
First Aid	<input type="checkbox"/>
WSI	<input type="checkbox"/>
NRA	<input type="checkbox"/>
Nursing	<input type="checkbox"/>

PERSONAL INFORMATION

For the following questions, please respond as completely as you are able. You may use extra paper if needed.

1. Briefly describe the person who has most influenced your life:

2. What are your greatest strengths? Your weaknesses?

3. Why do you want to work at camp this summer?

4. What contributions do you think you can make to the camp this summer?

5. In your opinion, what are the greatest dangers youth face today?

6. If practicing catholic or protestant please describe your understanding of who God is, who Christ is, and what a Christian is.

ABOUT YOUR WORK EXPERIENCE

Have you ever been fired from a job?	If yes, please explain the circumstances:
Have you ever been convicted of a crime?	Is a criminal trial pending for you?
If you are a foreign staff, do you have a Visa for the USA?	If yes, What Type?
Have you ever been denied a Visa?	If yes, explain:
What teaching experience have you had?	
With what clubs, civic organizations, or teams have you been a part?	

REFERENCES

Please provide us with the following references for us:

1. Your pastor:	Tel:	E-mail:
2. Teacher:	Tel:	E-mail:
3. Employer:	Tel:	E-mail:

Remember, this form must be completely filled out and must be accompanied with the following forms:

- | | |
|--------------------------------|---|
| ▪ V.I.C.P. Medical Form Part A | ▪ Three V.I.C.P. DS-2019 References (3) |
| ▪ V.I.C.P. Medical Form Part B | ▪ Official Criminal Background Check |
| ▪ V.I.C.P. DS-2019 Application | ▪ Copy of Passport |
| ▪ Picture | ▪ Copy of Student I.D. |

After we receive your application, we will contact you to schedule an interview. After the personal interview with one of our camp directors you will hear from us within 4-8 weeks. If you do not, please call us at (877) CAMP-532. From outside the US call + 1 (336) 351-2070. HIRED staff will receive a contract and the appropriate documentation to apply for the J-1 visa.

Please mail your complete application to:

The Vineyard
Attn: V.I.C.P.
1945 Vineyard Road
Westfield, NC 27053
USA

E-Mail: letters@vineyardcamp.com
Tel: 1-877-CAMP-532 or +1-336-351-2070
Fax: +1-336-351-2902
Web: www.vineyardcamp.com

If your address will change in the next several weeks, please indicate your new address below:

Address:	City:		
State:	Zip:	Country:	Effective date:
<small>(mm/dd/yy)</small>			

I have read the V.I.C.P. Staff application and I agree to abide by the program's policies and rules. I certify that the information above and evidence submitted with it are all true and accurate. I authorize the release of this information to other camps affiliated with the Vineyard International Counselors Program.

Signature

Date (mm/dd/yy)