

The Vineyard

Please Attach Photo



Staff Application, 2025 Season

Surname / Primary name:		Date of birth: (mm/dd/yy)	
Given (First) Name:		Gender: (male)	(female)
Preferred or Nick name:		City of Birth:	
Country of Birth:		Country of Citizenship:	
Country of Legal Permanent Residence:			

What is earliest can you Arrive? _____ What is the latest you could Depart? _____

Your address:		City:	
State	Zip:	Country:	Phone:
country code - area code - #			
Cell	E-Mail:		
country code - area code - #			
Your parents address:		City:	State:
Zip:	Country:	Phone:	
country code - area code -			

Exact age as of June 1, 2025:		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)	

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

Address:

City:

State:

Zip:

Country:

Effective date:

(mm/dd/yy)

ABOUT YOUR JOB AT CAMP

We cannot promise that we will honor all requests, but, given a choice, with which age group would you prefer to work?

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)

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?

Are you certified in any of the following areas?

Area	Expiration of Certificate
CPR	
Life Guard	
Canoeing	
Mountain Rescue	

Area	Expiration of Certificate
First Aid	
WSI	
NRA	
Nursing	

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 The Vineyard 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.

7. Please write a short personal essay explaining why you would like to attend camp this summer. Please elaborate on the reasons why you would like to work at camp and what contributions you think you will make as a counselor. Please include a short introduction explaining who you are, and what are your aspirations in life. Use extra paper as needed.

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	Awards
Billiards						
Body Conditioning						
Body Toning						
Crafts						
Equitation						
Fishing						
Shooting						
Tennis						
Water Skiing						
Wilderness Adventures						
Swimming						
Archery						
Baseball						
Basketball						
Dancing						
Canoeing						
Conversation French						
Conversation Spanish						
Program Maintenance						
Fencing						
Football (American)						
Soccer						
High Ropes Course						
Hiking/Backpacking						
Mountain Biking						
Paint Ball						
Rappeling						
Riflery						
Rock Climbing						
Skeet Shooting						
Volleyball						
Water skiing						

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

1.	2.	3.
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Check List

STAFF APPLICATION + Picture	CRIMINAL BACKGROUND CHECK
Three (3) REFERENCES	COPY OF STUDENT ID
MEDICAL FORM PART A	INTERVIEWED BY CAMP REP.
MEDICAL FORM PART B	

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. HIRED staff will receive a contract. Please mail your completed application to:

The Vineyard
1945 Vineyard Road
Westfield, NC 27053
USA

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

I have read the Staff application and I agree and understand 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.

Signature

Date (mm/dd/yy)

The Vineyard

RETURN TO:
 The Vineyard
 1945 Vineyard Rd.
 Westfield, NC 27053
 USA
 Tel: 1-336-351-2070
 Fax: 1-336-351-2902
letters@vineyardcamp.com
www.vineyardcamp.com



Health Form - Part A (Parent's Form), 2025 Season

Please have the parent or guardian fill out this portion of the health form.

Please check sessions(s) of attendance: A B C D E F G H I J K

Child's name in full:	Birth Date:
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Social Security Number:	Age:	Gender:
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1) Parent or Guardian (or Spouse):	Phone:
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Home Address:

Street & Number, City, State, Zip Code, Country

Business Address:

Street & Number, City, State, Zip Code, Country, Phone

2) Second Parent or Guardian or Emergency Contact:	Phone:
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Home Address:

Street & Number, City, State, Zip Code, Country

Business Address:

Street & Number, City, State, Zip Code, Country, Phone

3) In not available in an emergency, notify:	Phone:
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Home Address:

Street & Number, City, State, Zip Code, Country

Business Address:

Street & Number, City, State, Zip Code, Country, Phone

Health History: (Check giving approximate dates)	Diseases	Allergies
Frequent Ear Infections	Chicken Pox	Hay Fever
Heart Defect/Disease	Measles	Ivy Poisoning, etc
Convulsions	German Measles	Insect Stings

Diabetes		Mumps		Penicillin	
Bleeding/Clotting Disorders				Other Drugs	
Hypertension				Asthma	
Mononucleosis					
Other					

Operations or serious injuries (dates):

Dietary modifications:

Current medication (send with instructions):

Other diseases or details of above:

Name of dentist/orthodontist:

Phone:

Name of family physician:

Phone:

Date of last physical examination:

Do you carry family medical/hospital insurance?

If so, indicate: Carrier, policy or group #, address, telephone # and copy of medical insurance card

Suggestions or health related information for camp personnel:

(For Female): Has this person menstruated?

If not, has she been told about it?

If so, is her menstrual history normal?

Special consideration:

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. The infirmary staff will administer all medications including prescribed and non-prescribed medications. This form may be photocopied for use out of camp.

Signature of Parent/Guardian or Adult Camper/Staffer:

Signature of Witness or Spouse:

The Vineyard

Health Form - Part B (Doctor's Form), 2025 Season

RETURN TO:
The Vineyard
1945 Vineyard Rd.
Westfield, NC 27053
USA
Tel: 1-336-351-2070
Fax: 1-336-351-2902
letters@vineyardcamp.com
www.vineyardcamp.com



**Please have your family physician fill out this form.
An examination is required annually for camp registration.
Immunizations MUST be current.**

Please check sessions(s) of attendance: A B C D E F G H I J K

Camper/Staff name:	Birth Date:
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IMMUNIZATION HISTORY

Please record the date (MONTH and YEAR) of basic immunizations and most recent booster doses:

Vaccines	Month / Year of Basic Immunization	Month / Year of Last Booster
Diphtheria	1)	1)
Pertussis) DPT*	2)	2)
Tetanus	3)	3)
Tetamis	TD*	
Diphtheria		
Tetanus		
Oral Polio (Sabin) * TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeo- Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given	(most recent)	

Health Examination by Licensed Physician:

I have examined the above camp applicant.

(Signature)

Date Examined:

In my opinion, the above's condition does /does not preclude his/her participation in an active camp program.

The applicant is under the care of a physician for the following condition(s):

Current treatment (include current medications):

Explanation of any reported loss of consciousness, convulsion, or concussion:

Does applicant have epilepsy?	Yes	No	Does applicant have diabetes?	Yes	No
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Recommendations and restrictions while at camp:

Any treatment to be continued at camp:

1. Any medication to be administered at camp (Specific dosages/Medication must be brought in original containers)

2. Any medically prescribed meal plan or dietary restrictions:

Any allergies (food, drugs, plants & insects, etc.):

Licensed Physician's Name

Licensed Physician's Signature

Date (mm/dd/yy)

Licensed Physician's Address (Street & Number, City, State, Zip Code, Country, Phone)