



CAMP

SONSHINE

MEMORIES THAT LAST A LIFETIME

DISCOVERY CAMP
4 years-Kindergarten

EXPLORER CAMP
1st-2nd grades

ADVENTURE CAMP
3rd-4th grades

ADVENTURE FIVE
5th grade

HIGH ADVENTURE
6th grade

TEEN ADVENTURE
7th-10th grades

WILDERNESS
SPECIALTY CAMP
3rd-9th grades

GERMANTOWN CAMP
4 years-9th grades

LEADERS IN TRAINING
7th-11th grades

FOUNDING DIRECTOR
David Black

EXECUTIVE DIRECTOR
Nathean Meadows

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AVENUE,
SILVER SPRING, MD 20905
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WWW.CAMPSONSHINE.ORG



Hello Friends,

Greetings from the year-round staff of Camp Sunshine Germantown! Since the close of the camp year, we remain truly thankful for all of your hard work and diligence this past summer. Thanks to your willing spirit and dedication, hundreds of camper's lives were positively impacted. Think of the imprint that has been made throughout the Germantown area as a result of all the fun-filled summers here at camp. None of this would have been possible without you! You proved again and again that our ACs play a very important role in what we do here.

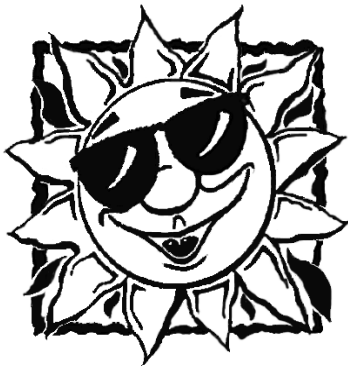
We are now recruiting for the summer of 2012. If you are interested in being a part of the team, fill this application out and return it to me as no later than **March 31st**. **Please make sure the entire application is filled out prior to sending it in.** Once I receive your application, I will contact you within a two week period.

If you have any questions, e-mail me at cwynn@campsonshine.org. I hope you guys are doing well! I look forward to hearing from you!

Sincerely,

Christina Wynn
CIT/AC Program Coordinator
(301) 989-2267 ext. 1291

Josi Omdal
Assistant Director
(301) 989-2267 ext. 1272



Returning AC Staff Application Camp Sunshine Germantown

16819 New Hampshire Avenue
Silver Spring, MD 20905
(301) 989-2267 ext. 1291
Fax (301)989-7116

Name

Date of Application

Telephone Number

Best time to reach you

Street Address

Date of Birth

City

State

Zip

E-mail Address

Social Security Number

Are you under 16 years?

Yes

No

If under 16 years, state your age: _____

Do you attend a church?

Yes

No

If yes, where: _____

Part of a youth group?

Yes

No

If yes, leader's name: _____

Do you attend a school in Maryland?

Yes

No

School Name: _____

Grade or Activity that you worked with at camp last summer: _____

CONTACT INFORMATION

Parent/Guardian		Work Number
Emergency Contact Person	Relationship	Telephone Number

PAST/PRESENT EMPLOYMENT

Dates	Employer	Telephone Number	Nature of Work

BIOGRAPHICAL QUESTIONS

Please answer 1-5 on a SEPARATE SHEET OF PAPER.

1. Please write at least two paragraphs describing what you learned last year at Camp Sonshine.
2. What would you do differently if accepted back to Camp Sonshine?
3. Why do you want to return to Camp Sonshine?
4. Feel free to express any concerns or suggestions that you have from working last summer.
5. In a detailed paragraph, explain your relationship with God. How does this affect your everyday life?
6. Of the following, please circle which would you prefer to work with? (This doesn't guarantee your position)
Kindergarten First Grade Second Grade Third Grade Fourth Grade Fifth Grade

Please mark the appropriate box.

I am available to work during weeks: (Please select a 2 week period you would be **FULLY** present for):

Week 1&2 (June 18-29)

Week 5&6 (July 16-27)

Week 3&4 (July 2-13)

Week 7&8 (July 30- Aug 10)

Required Training (May 18-May 19)

LIFESTYLE

As an AC you will be responsible for your actions and words. What you say and do reflects the reputation of Camp Sonshine; therefore, it is important that you behave in a manner above reproach and criticism. Camp Sonshine is a place where we facilitate a healthy and encouraging environment and discourage inappropriate discussion around campers and staff members.

Please circle the word(s) that best describe your personal views and actions on the following subjects. Indicate how **you** stand, **not** the way you feel towards others.

Verbally cutting down others:	Acceptable	Sometimes	Wrong	Avoid
Gossip:	Acceptable	Sometimes	Wrong	Avoid
Cursing:	Acceptable	Sometimes	Wrong	Avoid

APPLICATION CONTRACT

By the signing of my name below, I affirm the following: 1) I have no conditions that would limit my ability to perform the essentials of the camp routine; 2) I understand Camp Sonshine is a Christian camp and my behavior must reflect the values of Camp Sonshine; 3) If employed I will enter into the spirit of Camp Sonshine and follow the guidelines set in the AC/CIT Program; and 4) I have completed this application truthfully.

Signature

Date