



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
Pre-Kindergarten-9th grades

LEADERS IN TRAINING
7th-11th grades

FOUNDING DIRECTOR
David Black

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16819 NEW HAMPSHIRE
AVENUE,
SILVER SPRING, MD 20905
TEL: (301) 989-2267
FAX: (301) 989-7116
WWW.CAMPSONSHINE.ORG



Dear Potential Assistant Counselor (AC),

Greetings from Camp Sunshine! Thank you for your interest in our exciting Assistant Counselor program for 16 and 17 year olds. I want to extend to you an exclusive invitation for this upcoming summer. As an Assistant Counselor, you have an amazing opportunity to impact the lives of those around you through service and leadership.

The AC Program is designed to equip you with tools for success and give you an opportunity to discover your leadership potential through hands-on experience with children. Our trained staff will provide you with the most current leadership techniques *and* an incredibly fun summer at the same time! As an AC, you will participate in lots of new and exciting tasks including running and maintaining camp activities, assisting group counselors by building relationships and supervising children, helping leadership staff with administrative functions, theme day set-up and much more!

ACs play a large role in fulfilling the vision of Camp Sunshine. You will be called upon to set the example of servanthood for campers, Leaders in Training (LITs), and the other staff members at camp. The expectations are set high, but for those ready to step up to the challenge, the rewards are too numerous to count! I strongly encourage you to consider spending the summer of 2012 doing something that will change this world forever, one child at a time.

There are limited spots available for ACs, so be sure to complete and return this application packet as quickly as possible so you don't miss out on a life changing summer!

AC Program Highlights:

- Adult Mentoring and Guidance
- Free AC Bus Transportation
- Free AC Extended Care
- \$180.00 salary *per 2 weeks* **OR** Student Service Learning Hours
- Bonus \$80.00 if you sign up for the **entire summer** (Summer total: \$800.00)
- LIT/AC Latestay once per session

Keep in mind the following criteria when considering employment as an AC:

- You must be 16 years of age.
- You must be able to sign up for two consecutive weeks at a time (and a minimum of 4 weeks overall for the whole summer)

Enclosed you will find an application, reference forms, and a parent registration. Be sure to complete **EACH** of these forms before returning them using the postage paid envelope enclosed in this packet. Once your entire application packet has been received, you will be called within one week in order to set up an interview. Please note that your application will not be processed until all portions have been returned, including reference forms. Again, spaces fill up quickly, so be sure to return your application forms as promptly as possible! If you have any questions or concerns, please feel free to call me at (301) 989-2267 ext. 1121 or send an email to wpenrod@campsonshine.org. I look forward to hearing from you and seeing you on our team for summer 2012!

Sincerely,

Whiley Penrod
Assistant Counselor Program

Camp Sonshine

16819 New Hampshire Avenue
Silver Spring, MD 20905
Phone: (301) 989-2267
Toll-free: (888) 883-2285
Fax: (301) 989-7116
Email: wpenrod@campsonshine.org

. . . Stepping Up

Assistant Counselor Application (ACs)

GENERAL INFORMATION (Please print clearly)

Date of Application First Name M.I. Last Name

Social Security Number D.O.B. Home Phone Cell Phone

Street Address

City State Zip Code Email Address

Will this be your first summer at Camp Sonshine? Yes No

If you marked No, how many summers have you been here? _____ Camper LIT AC

What grade are you in? (2011-2012 school year) _____

Do you attend school in Maryland? Yes No School Name: _____

Do you regularly attend church? Yes No Church Name: _____

PAST EMPLOYMENT/SERVICE

Name	Dates of Employment	Telephone Number	Nature of Work
1.	From: To:		
2.	From: To:		

INTEREST INDICATOR (Please mark age groups/activities that interest you)

Pre – K (4 yrs old) Kindergarten (5 yrs old) Summer Office Activities/Electives
 Explorer 1 (1st grade) Explorer 2 (2nd grade) Ice Cream Shack Other: _____

Dates to Remember

April 27th: Send in Bus Request before this date
May 19th: Mandatory AC Training & Finger Prints
June 15th: Mandatory Mock Camp Day

June 18th – June 29th: Weeks 1 & 2
July 2nd– July 13th: Weeks 3 & 4
July 16th – July 27th: Weeks 5 & 6
July 30th– August 10th: Weeks 7 & 8
August 13th-August 17th: Ninth Inning

BIOGRAPHICAL QUESTIONS (Please answer on a SEPARATE SHEET OF PAPER)

1. Have you ever worked with children? If so, explain.
2. What are three characteristics of a good leader?
3. What are three specific goals that you want to achieve by being an AC?
4. What will be the greatest challenge to you this summer as an employee of Camp Sonshine?
5. How would you describe your personality to someone who doesn't know you?
6. Describe two people that have impacted your life and why you respect them.
7. Your best friend is accepted as a counselor; you are assigned as an AC to his/her group. How would you handle this situation?
8. Who is Jesus Christ to you personally?

LIFESTYLE

As an AC, you will be held responsible for your actions and words, during *and* after camp. What you say and do reflects the reputation of Camp Sonshine; therefore, it is important that you behave in a manner that is above reproach and criticism. Camp Sonshine is a place in which we facilitate a healthy and encouraging environment and discourage inappropriate discussion and behavior, especially around campers and other staff members. Please mark the box next to the word(s) that best describe **your** personal views and actions on the following subjects, in how **you** stand, not the way you feel towards others.

Verbally cutting down others: Acceptable Sometimes Never Wrong

Gossip: Acceptable Sometimes Never Wrong

Cursing: Acceptable Sometimes Never Wrong

Drinking alcohol: Acceptable Sometimes Never Wrong

Comments:

APPLICATION CONTRACT

By the signing of my name below, I affirm the following: 1) I have no conditions (physically or emotionally) that would limit my ability to perform the essentials of the camp routine; 2) I understand this is a Christian camp and my behavior must reflect the values of Camp Sonshine; 3) If accepted, I will enter into the spirit of Camp Sonshine and follow the guidelines set by the AC program; 4) I have completed this application truthfully and further give permission for Camp Sonshine personnel to confer with those filling out the *Leadership Reference Form* in regards to my work performance and personal characteristics or other information that might be beneficial.

Applicant's Signature

Date

Camp Sonshine

16819 New Hampshire Avenue
Silver Spring, MD 20905
Phone: (301) 989-2267
Toll-free: (888) 883-2285
Fax: (301) 989-7116
Email: wpenrod@campsonshine.org

. . . Stepping Up

Parent Registration

1. Family Information

_____	_____	_____
Mother/Stepmother/Guardian	Work Phone Number	Cell and/or Pager Number
_____	_____	_____
Father/Stepfather/Guardian	Work Phone Number	Cell and/or Pager Number
_____	_____	_____
Address During Camp (if different from your child's address)		Home Phone Number During Camp
_____	_____	_____
Emergency Contact #1	Work Phone Number	Cell and/or Pager Number
_____	_____	_____
Emergency Contact #2	Work Phone Number	Cell and/or Pager Number

If there is someone (parent, grandparent, etc.) who does not have permission to pick up your child, please check here and explain in an attached letter.

2. Child's Medical Information (REQUIRED BY LAW TO ATTEND CAMP)

Swimming Ability (*Where is your child allowed to swim; please consider carefully*)

- Level 1: Wading pool- no campers over 4 feet tall
- Level 2: Shallow end of the pool, water up to 3 ½ feet
- Level 3: Shallow end, water up to 3 ½ feet, slide
- Level 4: All water depths, slide, low dive
- Level 5: All water depths, low and high dive

Date or best estimate of last tetanus shot (**THIS MAY NOT BE LEFT BLANK**): _____

Child's Insurance Carrier _____ Policy Number _____ Physician _____ Physician's Phone Number _____

Does your child attend school in Maryland? Yes No

NAME OF SCHOOL CHILD ATTENDS: _____

If you marked No... Please understand that by law, all Assistant Counselors must have record of having the appropriate immunization shots according to the Maryland Department of Health. Please furnish a record for the following immunizations – **these must be on file before attendance at camp.** (*If your child is currently enrolled in the Maryland School District, public or private, then you do not have to fill out this section.*)

- Diphtheria
- Pertussis
- Poliomyelitis
- Tetanus (DPT) 1
- Measles (Rubeola)
- Rubella (German Measles)
- Mumps

Health history and medical information:

Provide information on any medical condition, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, activity restrictions, or special needs that we need to be aware of to ensure that your child's camp experience is positive. (Attach additional sheet if necessary)

Medical or other health aid that is in present use by your child (prescribed or over-the-counter); please note any treatment to be continued while at camp:

Indicate any serious operations or injuries (with dates), any disability or chronic/recurring illness or conditions, activities/situations encouraged or limited by physician:

Parent: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted in the above "Health History and Medical Information" section. Authorization for treatment: In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by camp to hospitalize, secure proper treatment for and order medical care including but not limited to injections, anesthesia, or surgery for my child (as deemed necessary by licensed staff). My child's physician or his/her office should be contacted, if possible. This and other health related forms may be photocopied for trips off campgrounds.

Signature of parent/ guardian of minor:

Date

Minor: I also understand and agree to abide by the restrictions, if any, placed on my activities.

Signature of minor staff member:

Date

3. Week Indicator (Please mark which weeks your child will be working)

Weeks 1 & 2 (June 18 – June 29)

Weeks 3 & 4 (July 2 – July 13)

Weeks 5 & 6 (July 16 – July 27)

Weeks 7 & 8 (July 30 – August 10)

4. Parental Consent (Please read this with your child)

- Any fees (property damage, misuse of supplies, etc.) incurred by your child will be deducted from your child's paycheck or charged to you, the parent/guardian.
- We have a strong absence policy for our Assistant Counselors. ACs cannot miss days during the session unless it has been noted on the contract however, ACs will not receive pay (or optional community service hours) for any missed days. If an AC misses one day, even for sickness, then that AC may be moved to a different position and they will not receive pay for that time missed.
 - I understand that Camp Sonshine is not responsible for applications lost in the mail.
 - I further understand that the camp cannot administer prescription drugs to my child, even with written parental consent.
 - I also understand that Camp Sonshine reserves the right to break the contract between the AC and the camp when it is deemed necessary by the directors to be in the best interest of the child or the camp. If the AC is released for disciplinary reasons, they will receive service hours or get paid for the hours they worked previous to being released.
 - In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize or secure proper treatment for and order injections, anesthesia, or surgery for my child. My child's physician or his/her office should be contacted, if possible.
 - My child has permission, without restriction, to participate in all snacks, regular and special programming, including out-of-camp trips, transportation, and latestays, unless I notify the camp otherwise in writing in the "Health History and Medical Information" section of this form. I understand and realize that Camp Sonshine will follow safety procedures and safety precautions, but that all physical activities include a certain risk and that Camp Sonshine assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that field sports, ropes courses, go-karts, camp crafts, canoes, paddleboats, indoor and outdoor games, hiking, whitewater rafting, amusement parks, swimming, and other camp activities include certain risks and dangers. These risks include, but are not limited to the loss or damage of personal property, injury, or fatality. In consideration of, and as part payment for, the right to participate in all Camp Sonshine activities and the services and food arranged (when applicable) for my child by Camp Sonshine, and its agents, servants, and employees. I have assumed all of the above risks and intending to be legally bound hereby will hold Camp Sonshine and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips, food provided, and related participation in any activities arranged for by Camp Sonshine, its agents, servants, and employees. These terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.
 - I also give permission for Camp Sonshine to use my child's name, voice, testimonial, picture, and/or likeness in any type of promotional material, press releases, and news stories about camping or Camp Sonshine. I understand I must notify a director in writing (including a recent photo with name, age, and grade on back) if this is unacceptable.
 - I understand Camp Sonshine has my permission to give out phone numbers and/or addresses to parents of campers for social purposes (birthday parties, play dates, etc.) I understand that I can notify the office if this unacceptable.
 - There is no fee for ACs to use our bus transportation. Please note that bus transportation requests for the entire summer are **guaranteed only if made before April 27, 2012**. Please do not expect to make changes during the summer concerning bus transportation (i.e. an AC riding a different bus to go home with a friend, etc.) Bus times and locations are subject to adjustment.
 - I have completed all required information. I understand that representatives of Camp Sonshine, cannot, without exception, guarantee availability over the phone. All complete applications are processed in order of arrival and I will be notified by mail or phone if I am on a waiting list. When the application and references (new ACs only) have been turned in, the AC Program Manager will call your child to set-up an interview. If your child is accepted for employment, the AC Program Manager will notify your child within one week (or less) after that interview has taken place.
 - I understand that by signing this Parental Consent for I assume responsibility for payment fees incurred by my son/daughter while employed at Camp Sonshine.
 - I understand that the AC Training is a strict requirement for my child. Training dates are **May 19th, and June 15th**. **EACH training day is required for all ACs.**

Parent or Guardian Signature

Date

5. Bus Transportation

There is no fee for ACs to use our bus transportation. Bus transportation requests for the entire summer are **guaranteed only if made before April 27, 2012**. Please do not expect to make changes during the summer concerning bus transportation (i.e., an AC riding a bus to go home with a friend, etc.). Bus times and locations are subject to adjustment. If you do not use the bus transportation option, then your child will automatically be placed into AC Parent Pick-Up.

AREA	ROUTE	LOCATION	TIMES	
			AM	PM
Ellicott City	Tiger	Target at Long Gate Center – Rt. 100, Rt. 103 & Rt. 29	8:05	4:55
Columbia	Tiger	Sears lower level at Columbia Mall – Little Patuxent Parkway	8:20	4:35
Clarksville	Monkey	McDonalds – Rt. 108 & Great Star Dr.	8:25	4:20
Savage	Bear	Weis Food – Rt. 1 south of Rt. 32	8:10	4:40
Columbia South	Bear	McDonalds – Guilford Rd. & Eden Brook Dr.	8:25	4:20
Scaggsville	Turtle	Bloom – Rt. 216 & Rt. 29	8:30	4:20
Laurel East	Rabbit	Weis Food – Rt. 198 & Russet Green East Rd.	7:55	5:00
Laurel	Rabbit	Laurel Mall – Burlington Coat Factory	8:15	4:40
Briggs Chaney	Rabbit	Safeway – Briggs Chaney Rd. & Rt. 29	8:40	4:10
Silver Spring West	Dinosaur	Spring Street Shopping Center – 16th Street	8:05	4:50
Rockville East	Duck	Safeway -- Norbeck Rd. & Bauer Dr.	7:55	4:50
Rockville	Duck	Safeway at Twinbrook Shopping Center – Veirs Mill Rd.	8:15	4:40
Aspen Hill	Duck	Taco Bell/Boston Market – Georgia Ave. & Aspen Hill Rd.	8:25	4:25
Layhill	Duck	McDonalds – Bel Pre Rd. & Layhill Rd.	8:40	4:10
Damascus	Cow	Damascus Shopping Center – Rt.124 & Rt.108	8:05	4:35
Olney	Cow	KFC – Rt. 108 & Spartan Rd.	8:30	4:10
Potomac	Elephant	Giant Food – Tuckerman Ln. & Seven Locks Rd.	8:10	5:05
Bethesda North	Elephant	White Flint Plaza – Nicholson Ln.	8:25	4:45
Rockville North	Frog	Magruder’s – Rt. 355 & College Parkway	8:00	4:35
Gaithersburg	Frog	Bottom Dollar Food – Rt. 355 & Westland Dr.	8:15	4:50
Wheaton East	Moose	Kemp Mill CVS – Arcola Dr. & Lambertson Ave.	8:00	4:15
Silver Spring	Moose	Safeway at Four Corners – University Ave. & Rt. 29	8:15	4:30
Silver Spring North	Moose	Sears Automotive – White Oak – Rt. 29 & Lockwood Dr.	8:30	4:45
Greenbelt	Fish	Safeway at Greenway Center – Greenbelt Rd.	8:10	4:55
Takoma Park East	Giraffe	Rite- Aid- New Hampshire Ave & University Blvd	8:05	4:30
Wheaton	Giraffe	Target at Wheaton Plaza- University Ave & Veirs Mill Rd	8:35	4:55

- There is no transportation available to or from Germantown Camp.
- There is no transportation available for Spring Break Camp or Ninth Inning.

CAMP SONSHINE ASSISTANT COUNSELOR REFERENCE

To be completed by close friend

AC Information: (AC applicant: Please fill in the information below)

First Name M.I. Last Name

Street Address Home Phone Number

City State Zip Code Email Address

Personal Reference Information: (To be completed by reference)

Name Telephone Number Title (Friend, Aunt, etc.)

Address City State Zip Code

How long have you known the applicant? _____ In what capacity? _____

Evaluation:

The person mentioned above has applied for Camp Sonshine's Assistant Counselor summer program. Camp Sonshine is a Christian day camp whose purpose is to communicate the love of God to children. This position requires the applicant to work directly with an older counselor in tending to the needs of our children. We therefore ask you to complete this form carefully and thoughtfully.

	Excellent	Above Avg.	Average	Below Avg.	Poor	N/A
Teachable, Follows instruction						
Personable, Friendly						
Maturity, Development						
Sense of Humor						
Temper Control, Tact						
Leadership Ability, Outgoing						
Integrity, Trustworthy						
Ability to Work With Children						
Christian, Moral Behavior						

Further comments you have regarding the applicant that would help in our evaluation: _____

CHECK ONE: I recommend with confidence I recommend I recommend with reservation I do not recommend

THANK YOU!

PLEASE RETURN THIS REFERENCE FORM TO:

Camp Sonshine, ATTN: AC Program, 16819 New Hampshire Ave, Silver Spring, MD 20905
FAX: (301) 989-7116 PHONE: (301) 989-2267 TOLL-FREE: (888) 883-2285
EMAIL: wpenrod@campsonshine.org

CAMP SONSHINE ASSISTANT COUNSELOR REFERENCE

To be completed by teacher/employer

AC Information: (AC applicant: Please fill in the information below)

First Name	M.I.	Last Name	
Street Address	Home Phone Number		
City	State	Zip Code	Email Address

Personal Reference Information: (To be completed by reference)

Name	Telephone Number	Title (Teacher, Supervisor, etc.)
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Address	City	State	Zip Code
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How long have you known the applicant? _____ In what capacity? _____

Evaluation:

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Personable, Friendly						
Maturity, Development						
Sense of Humor						
Temper Control, Tact						
Leadership Ability, Outgoing						
Integrity, Trustworthy						
Ability to Work With Children						
Christian, Moral Behavior						

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CHECK ONE: I recommend with confidence I recommend I recommend with reservation I do not recommend

THANK YOU!

PLEASE RETURN THIS REFERENCE FORM TO:

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