



**Camp Fire USA Georgia Council  
Camp Toccoa**

92 Camp Toccoa Drive  
Toccoa, Georgia 30577  
706-886-2457  
www.camptoccoa.org



Dear Camp Toccoa Staff Applicant,

Thank you for your interest in a position with us this summer. Camp Toccoa operates a co-ed day and overnight camp for children who have completed kindergarten through twelfth grade. We are located on 176 acres in the foothills of the Blue Ridge Mountains in Northeast Georgia. Our regular season runs from June 10, 2012 through August 4, 2012 and our staff orientation and training will be held May 30, 2012 through June 8, 2012.

Enclosed in this packet you will find a staff application, information about our positions for this summer, our Staff Information Sheet and three (3) reference forms. To apply, you should:

1. Read the position list and determine which one(s) you are interested in and qualified for.
2. Complete, sign and return the application form to:

Camp Toccoa  
92 Camp Toccoa Drive  
Toccoa, Georgia 30577

Email: [info@camptoccoa.org](mailto:info@camptoccoa.org)  
Phone: 706-886-2457

Application Checklist

- Read all info in this packet
- Check out [campfireusa.org](http://campfireusa.org) and [camptoccoa.org](http://camptoccoa.org)
- Find the right position for you
- Send completed application to Camp Toccoa
- Have 3 references sent to Camp Toccoa
- Visit camp, if possible
- Interview

Have three reference forms filled out, signed and returned. Choose as references only adults who have knowledge of your abilities. DO NOT choose relatives, best friends or roommates. The reference forms are confidential and must be mailed by the person completing them and sent directly to Camp Toccoa. You should provide your references with a stamped envelope addressed to Camp Toccoa to aid in their quick return. Your references must be received for the application process to be complete.

3. All staff must have current CPR and First Aid certification for employment. Applicants for the position of nurse, waterfront or specialist positions must bring the original certification to the interview. Copies of all certification cards as well as two forms of identification will be required for employment.

We look forward to receiving your application and completed reference forms. After all paperwork has been received, we will call you to schedule a personal interview. Please feel free to contact or meet with us at any point in the selection process. To reach us at camp call (706) 886-2457 or email [director@camptoccoa.org](mailto:director@camptoccoa.org).

Sincerely,

Elaine Brinkley, Executive Director



# CAMP TOCCOA

## RETURNING STAFF APPLICATION



### PERSONAL AND CONTACT INFORMATION

Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First Middle Preferred Name

Current Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

**Please send correspondence to my (check one):**     **Current Address**     **Permanent Address**

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### CAMP TOCCOA EXPERIENCE

Number of years as Camp Toccoa Camper \_\_\_\_\_ Number of Years as Camp Toccoa Staff \_\_\_\_\_

Position(s) Held \_\_\_\_\_

### POSITION(S) APPLYING FOR

Please mark all positions that you would like to be considered for.

- |  |  |
|--|--|
| <input type="checkbox"/> Cabin/Activity Staff (must be 18) | <input type="checkbox"/> Waterfront Staff (must be 18)               |
| <input type="checkbox"/> Day Camp Staff (must be 17)       | <input type="checkbox"/> Adventure Director (must be 21)             |
| <input type="checkbox"/> Unit Director (must be 20)        | <input type="checkbox"/> Adventure Staff (must be 18)                |
| <input type="checkbox"/> Horseback Staff (must be 18)      | <input type="checkbox"/> Counselor-in-Training Director (must be 21) |
| <input type="checkbox"/> Waterfront Director (must be 21)  | <input type="checkbox"/> Counselor-in-Training Staff (must be 19)    |

Unit Preference:     Omikse     Yoki     Eluta     Talahi     Keona     None

Please list all skills and experience relevant to position(s) applied for: \_\_\_\_\_

### ADDITIONAL INFORMATION

Have you ever been convicted of a felony, misdemeanor, child abuse or sexual abuse offense?     Yes     No  
*All staff must complete a background check and health history form (to be signed by a physician) upon the acceptance of an offer of employment and before the employment begins.*

Please answer the following questions (using a separate sheet if necessary):

Why do you wish to return to Camp Toccoa as staff this summer? \_\_\_\_\_

What have you learned from your previous experience(s) at Camp Toccoa? \_\_\_\_\_

What do you feel you can contribute as a member of staff this summer? \_\_\_\_\_

## CERTIFICATIONS

Please mark all areas in which you are currently certified, and indicate expiration date. *Please include a photocopy of certification cards with this application.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adult CPR _____ | <input type="checkbox"/> Canoe Instructor _____   | <input type="checkbox"/> Wilderness First Responder _____ |
| <input type="checkbox"/> Child CPR _____ | <input type="checkbox"/> Archery Instructor _____ | <input type="checkbox"/> Water Safety Instructor _____    |
| <input type="checkbox"/> First Aid _____ | <input type="checkbox"/> Lifeguard Training _____ | <input type="checkbox"/> Wilderness First Aid _____       |

Other Certifications (include expiration date): \_\_\_\_\_

All staff must attend a mandatory pre-summer orientation and training from **May 30-June 8, 2012**. The summer season runs from **June 10-August 4, 2012**.

Do you have any conflicts with these dates that we should be aware of?

If yes, please list the dates and explain: \_\_\_\_\_

## EDUCATION AND EMPLOYMENT HISTORY

Educational Level	Name	Location	Expected Graduation and Degree/Major
High School			Completed? Yes No
College			
Other			

**PLEASE LIST EMPLOYMENT HISTORY STARTING WITH CURRENT OR MOST RECENT POSITION.**

Employer and Position Held	Location	Supervisor Name and Title	Supervisor Phone	Dates of Employment

*Please include additional employment information and any volunteer experience on a separate sheet.*

## REFERENCES

Please list the name, phone number and email address of 3 individuals who have knowledge of your character, experience, and abilities. Have them fill out and send directly to camp the separate Staff Reference Form.

**These references must come from a third-party and should not come from an individual affiliated with Camp Toccoa.**

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

Address \_\_\_\_\_ Email \_\_\_\_\_

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

Address \_\_\_\_\_ Email \_\_\_\_\_

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

Address \_\_\_\_\_ Email \_\_\_\_\_

I fully understand that Camp Fire USA Georgia Council has certain standards of conduct and appearance. I further understand that the information provided may be verified by contacting persons or organizations named within or by contacting any person or organization that may have information concerning me. I hereby release all of those employers, references, academic institutions and Camp Fire USA Georgia Council from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Camp Fire USA Georgia Council. By signing this application, I affirm that the information I have provided is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CAMP TOCCOA

## CONFIDENTIAL REFERENCE FORM

Name of Applicant \_\_\_\_\_

Your Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

The above individual has applied for a staff position at Camp Toccoa. We are seeking responsible young adults with a genuine interest in working with children. The nature of our program requires responsible, mature staff that is creative, resourceful and capable of strenuous physical activity. They must be able to work well with others and live comfortably in a close community for an extended period of time. With this in mind, please aid us in making our decision by responding to the categories below with as much information as possible regarding the applicant.

Please select a rating in the following categories to assess the following qualities of the applicant and please add any comments you may think relevant.

	Below Average	Average	Above Average	Excellent	Don't Know
<b>Leadership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cooperation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Enthusiasm</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexibility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Attitude</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to Accept Feedback</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self Motivation/Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Open Mindedness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health and Energy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maturity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Creativity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reliability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Response to Authority</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interaction with Peers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interaction with Children</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known applicant? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

From your observations, what specific strengths do you see in the applicant? \_\_\_\_\_

Please state any factors which may limit the applicants effectiveness? \_\_\_\_\_

If you had a child at camp, would you want the applicant as a their counselor?      Yes                      No

Why or why not? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return as soon as possible to: CAMP TOCCOA; 92 CAMP TOCCOA DRIVE; TOCCOA, GA 30577**  
**Phone: 706-886-2457                      Fax: 706-886-5123                      Email: director@camptoccoa.org**

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<b>Reliability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Response to Authority</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interaction with Peers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interaction with Children</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Under what circumstances? \_\_\_\_\_

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Please state any factors which may limit the applicants effectiveness? \_\_\_\_\_

If you had a child at camp, would you want the applicant as a their counselor?      Yes                      No

Why or why not? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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<b>Interaction with Peers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interaction with Children</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If you had a child at camp, would you want the applicant as a their counselor?      Yes                      No

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