



Camp Fire Camp Toccoa Internship Application



Thank you for your interest in the Internship Program!

Young people want to shape the world, especially teens! The Camp Fire Camp Toccoa Internship provides significant personal and early professional development. Our Internship is youth-led and youth-driven, guided by trained adults. We prepare young people to serve in leadership roles at places like Camp Fire Camp Toccoa and beyond. Through Camp Fire Camp Toccoa's Internship Program, youth can begin their journey in an outdoor leadership role *now*.

Here are a few helpful tips for completing the application process:

- The Internship Application must be filled out and sent to our office (Please write clearly).
- Fill it out yourself. Nothing shows initiative and commitment more than taking on the responsibility yourself.
- Have two reference forms filled out, signed, and sent to our office. Choose adult (non-relative) references that have knowledge of your character and abilities. **This form is confidential and should be mailed from your reference directly to our office (any references mailed *with* your application, or from your home address will be dismissed).** You should provide each of your references with a pre-addressed and stamped envelope, to ensure a quick and easy return.
- All Interns are required to be certified in First Aid and CPR prior to their arrival at Camp Fire Camp Toccoa, and their certification cannot expire before the end of the summer.**

Please Send all items to:

Camp Fire Camp Toccoa
Attention: Kyle McSherry
92 Camp Toccoa Drive
Toccoa, GA 30577
or fax to 706-886-5123



Camp Fire Camp Toccoa

Internship Application



Name _____

Applicant's Phone # _____ Parent/Guardians Phone # _____

Address _____
Street City State Zip

Date of Birth ____/____/____ Email _____
M D Y

Name(s) of Parent(s) or Guardian(s) _____

Education: School Attending _____ Class in fall _____

Experience in Clubs and Organizations

(such as 4H, Scouts, School Clubs, Sports Teams, etc)

Name of Organization	# of Years
1) _____	_____
2) _____	_____
3) _____	_____

If more, please list on separate sheet of paper.

Camp Experience

Name of Camp	Location	Number of Years as Camper
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

If more, please list on separate sheet of paper

All Interns must attend a mandatory pre-summer orientation and training from **June 1st – 6th**. The summer season runs from **June-August**. Do you have any conflicts with these dates that we should be aware of? If yes, please list the dates and explain: _____



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

Tell us about a time when you put the needs of another, or others, ahead of your own?

Has there been a time when you took a stand for (or stood up for) something you believed in, but that was an unpopular position? Please explain.

Tell us about a project where it took much more effort than you originally thought it would?

What hobbies or interests do you have that would aid you in your internship?

First Aid and CPR expiration dates: First Aid: _____ CPR: _____

In addition to the mandatory one-week orientation June 1st-6th, please circle which four-week block you would prefer to attend for your internship.

June 7th – July 4th (Session 1-4) or July 5th – August 1st (Session 5-8)



References

1) Name: _____ Phone: _____

Relation: _____ Email: _____

2) Name: _____ Phone: _____

Relation: _____ Email: _____

Applicant's Name (Print)

Date

Applicant's Signature

When we have received your application, you will be contacted by phone to set-up a phone interview. Once we have completed your interview, you will be contacted and informed about your acceptance or rejection into the program. If accepted, we will then discuss next steps in the internship process. The deadline for all applications and references is Friday, March 13th, 2015. We look forward to receiving your application!

Sincerely,

Kyle McSherry
Champion for Youth Development
Camp Fire Camp Toccoa



**CAMP FIRE CAMP TOCCOA
CONFIDENTIAL REFERENCE FORM**



Name of Applicant _____
 Your Name _____ Occupation _____
 Address _____ Phone _____

The above individual has applied for an internship at Camp Fire Camp Toccoa. We are seeking responsible young adults with a genuine interest in working with children. The nature of our program requires responsible, mature interns that are 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.

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

Additional Comments:

 Signature

 Date



CAMP FIRE CAMP TOCCOA CONFIDENTIAL REFERENCE FORM

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Your Name _____ Occupation _____

Address _____ Phone _____

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Please state any factors which may limit the applicants effectiveness?

Additional Comments:

Signature _____

Date _____

Please return as soon as possible to: **CAMP FIRE CAMP TOCCOA; 92 CAMP TOCCOA DRIVE; TOCCOA, GA 30577**

Phone: 706-886-2457

Fax: 706-886-5123

Email: kmsherry@campfirega.org