

Counseling/Program Staff Activity Skills

Chimney Corners Camp YMCA

This sheet needs to be filled in by counseling and program staff.

Name: _____

Age on June 20, 2008: _____

For your afternoon activities, you will be assigned to a team. These teams will mirror our program areas. To keep our reputation of having a great program, I need skilled staff to teach each class. Below all of our activities are grouped by program area/team. At least four of the five activities you teach will fall into one program area. Put a 1 next to the program areas you have the skills to work in and feel comfortable leading a class and check the specific activities in which you have experience.

<p>___ Creative Arts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ceramics <input type="checkbox"/> Wheelwork <input type="checkbox"/> Basket Making <input type="checkbox"/> Jewelry Making <input type="checkbox"/> Painting/Drawing/Sketching <input type="checkbox"/> Photography <input type="checkbox"/> Darkroom Skills <input type="checkbox"/> Stained Glass <input type="checkbox"/> Sculpture <input type="checkbox"/> Woodworking <input type="checkbox"/> Silk Screening <input type="checkbox"/> Sewing <input type="checkbox"/> Digital Photography 	<p>___ Nature</p> <ul style="list-style-type: none"> <input type="checkbox"/> Animal ID <input type="checkbox"/> Astronomy <input type="checkbox"/> Pond Ecology <input type="checkbox"/> Forest Ecology <input type="checkbox"/> Night Hikes <input type="checkbox"/> Geology <input type="checkbox"/> Plant ID <input type="checkbox"/> Weather <input type="checkbox"/> Conservation <input type="checkbox"/> Gardening <input type="checkbox"/> Composting 	<p>___ Land Sports</p> <ul style="list-style-type: none"> <input type="checkbox"/> Archery <input type="checkbox"/> Basketball <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Fitness/Aerobics <input type="checkbox"/> Softball <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball <input type="checkbox"/> Ultimate Frisbee <input type="checkbox"/> Field Hockey <input type="checkbox"/> Flag Football <input type="checkbox"/> Yoga <input type="checkbox"/> Kickball/Dodgeball
<p>___ Waterfront</p> <ul style="list-style-type: none"> <input type="checkbox"/> Canoeing <input type="checkbox"/> Kayaking <input type="checkbox"/> Sailing <input type="checkbox"/> Boat Repair <input type="checkbox"/> Diving <input type="checkbox"/> Water Sports <input type="checkbox"/> Synchronized Swimming <input type="checkbox"/> Swimming Instruction 	<p>___ Horseback Riding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Riding Instruction <input type="checkbox"/> Dressage <input type="checkbox"/> Hunt Seat <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Jumping <input type="checkbox"/> Western <input type="checkbox"/> Horse Care <input type="checkbox"/> Stable Management 	<p>___ Outdoor Adventure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outdoor Cooking <input type="checkbox"/> Orienteering <input type="checkbox"/> Fire Building <input type="checkbox"/> Shelter Building <input type="checkbox"/> Backpacking <input type="checkbox"/> Outdoor Living Skills <input type="checkbox"/> Camping <input type="checkbox"/> Trip Leading <input type="checkbox"/> Tent Set-Up <input type="checkbox"/> Bicycling
<p>___ Project Challenge</p> <ul style="list-style-type: none"> <input type="checkbox"/> Group Initiatives <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Low Ropes Course <input type="checkbox"/> High Ropes Course <input type="checkbox"/> Alpine Tower <input type="checkbox"/> Teambuilding <input type="checkbox"/> Bouldering <p>(no one will teach more than one PC or APC class)</p>	<p>___ Performing Arts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drama <input type="checkbox"/> Stage Direction <input type="checkbox"/> Choral Singing <input type="checkbox"/> Dance: Style _____ <input type="checkbox"/> Set Design <input type="checkbox"/> Stage Make-Up <input type="checkbox"/> Piano <input type="checkbox"/> Musical Instrument: _____ 	<p>___ Colonial Living</p> <ul style="list-style-type: none"> <input type="checkbox"/> Living History <input type="checkbox"/> Gardening <input type="checkbox"/> Colonial Games <input type="checkbox"/> Tin Work <input type="checkbox"/> Colonial Cooking
<p>___ Farm</p> <ul style="list-style-type: none"> <input type="checkbox"/> Animal Care <input type="checkbox"/> Feeding <input type="checkbox"/> Farming Techniques <input type="checkbox"/> Vet Tech 	<p>___ Culinary Arts</p> <ul style="list-style-type: none"> <input type="checkbox"/> Baking <input type="checkbox"/> Cooking <input type="checkbox"/> Nutrition <input type="checkbox"/> Food Prep <input type="checkbox"/> Meal/Menu Planning 	<p>___ Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Camp Newspaper <input type="checkbox"/> Sign Language <input type="checkbox"/> Community Service <input type="checkbox"/> Leadership

(FLIP OVER TO COMPLETE)

Program Area/Teams

Describe your skills and experience in each of the program areas you have written a 1 next to on the front of this sheet.

Please list the four specific activities in which you have the most experience/skill with your strongest skill first:

1. _____
2. _____
3. _____
4. _____

Activity Preference

While your skills are very important, we also want to consider your activity preference. Please list your top 3 **choices of activities** to teach, regardless of your preferred team or skills.

1. _____
2. _____
3. _____

Coordinators

If you are a counselor **18 years of or older**, you may be asked to be the coordinator of one of the below activities. Coordinator responsibilities include helping the area director with supply management, assisting other staff with ideas, etc. Please put a checkmark (✓) in front of all activities you are confident to serve as a coordinator.

- | | | |
|--|---|---|
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Fitness | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Photography | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Soccer | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Kickball/Dodgeball | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Step | <input type="checkbox"/> Softball | _____ |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Tennis | |

Certifications

(Please check if you hold a current certification)

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Belay Trained at | <input type="checkbox"/> WFA |
| <input type="checkbox"/> WSI | <input type="checkbox"/> BCCYMCA | <input type="checkbox"/> WFR |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Leave No Trace | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Lifeguard Instructor | |