



STAFF APPLICATION

Date Received: _____
(for office use only)

Date of Application: _____ How did you hear about Camp? _____

Have you ever been on staff with Camp before? Yes No If yes, when: _____

For applicants who have been on staff previously, you may complete the first and last pages only of this form.

Name: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Current Phone: (_____) _____ Cell Phone: (_____) _____

E-mail Address: _____ Are you under the age of 18? Yes No

Do you have the legal right to work in the U.S.? Yes No If no, explain: _____

Are your immunizations up to date? Yes No If no, explain: _____

IMPORTANT! Have you ever had Chicken Pox? Yes No If no, please call our office immediately.

Have you worked at a medically supervised camp before? Yes No If yes, where, when & your roll: _____

Indicate the session for which you wish apply: _____ Dates of session: _____

You can find a complete schedule at www.campdream.org. Did you include your resume? Yes No

FULL SUMMER STAFF (paid)

WEEKLY VOLUNTEER STAFF

- | | |
|--|--|
| <input type="checkbox"/> Cabin Leader | <input type="checkbox"/> Cabin Staff |
| <input type="checkbox"/> Program Specialist | <input type="checkbox"/> Program Assistant |
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> Medical Staff (MD / RN) |
| <input type="checkbox"/> Kitchen Asst/Dishwasher | <input type="checkbox"/> Kitchen / Food Service |
| <input type="checkbox"/> Lifeguard | |

If applying for a full summer program position please indicate which position: _____

Paid program specialist positions include: pool, art, sports & rec, high/low ropes & climbing wall. Depending on experience, there are additional responsibilities with program positions including: nature education, fishing, camping, theatre/music and archery.

REFERENCES

Please list persons not related to you who have knowledge of your character, experiences and abilities.

Name / Relationship to you	Phone #	E-mail Address
1. _____ (_____) _____		
2. _____ (_____) _____		
3. _____ (_____) _____		

All information obtained will be held confidential, unless specified otherwise.

For office use only: Date of reference check(s): _____ by: _____

EMERGENCY CONTACT

Name: _____ Daytime phone: (____) _____
Evening: (____) _____ Cell: (____) _____ Relationship: _____

EMPLOYMENT HISTORY

Present Employer Name / Company: _____

Your Current Position: _____ Employed Since (date): _____

Duties: _____

Supervisor's Name / Position: _____ Phone: (____) _____

Address: _____ City: _____ St: _____ Zip: _____

Immediate Past Employer Name / Company: _____

Your Position: _____ Employment Dates: From _____ To _____

Duties: _____

Supervisor's Name / Position: _____ Phone: (____) _____

Address: _____ City: _____ St: _____ Zip: _____

EDUCATION	<i>Name of Institution</i>	<i>City/State</i>	<i>Attended (when)</i>	<i>Degree / Area of Concentration</i>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
Other	_____	_____	_____	_____

TELL US ABOUT YOURSELF

What experiences have helped you prepare for this position? _____

What do you think are the most difficult aspects of this position? _____

Why does working at Camp Mak-A-Dream interest you? _____

List any other experiences you have had working with young people: _____

OUR GOAL

Our goal is to provide a complete, safe and enjoyable camping experience for all of our participants. To aid us in accomplishing this goal, we ask all of our applicants to inform us if they have any disabilities or impairments. We use this information to establish appropriate staffing levels and ensure that potential accommodations are available. Accordingly, please note any impairments or disabilities that you have: _____

WHAT ARE YOUR SKILLS

Please list any skills or talents you have in the following activities: outdoor recreation, music, team building, theatre/music, arts & crafts, dance, nature education, archery, photography, etc.: _____

Have you ever taught any of the skills listed above? Yes No If yes, describe that experience: _____

GENERAL INFORMATION

Are you currently a certified Lifeguard? Yes No

Are you certified in CPR? Yes No

Have you ever had a license, certificate or employment suspended, revoked or terminated? Yes No

If yes, provide a full description including date(s) and circumstances: _____

Have you ever been convicted of any crime related to abuse, assault, mistreatment or molestation? Yes No

If yes, provide a full description including convictions, dates and circumstances: _____

May we provide your contact information to other staff members for carpooling purposes? Yes No

Please note: Alert Camp Mak-A-Dream if you been exposed to any communicable disease (such as Chicken Pox, Mumps, Measles, Influenza) 1-3 weeks prior to coming to Camp.

APPLICANTS CERTIFICATION and AGREEMENT – Please read carefully and sign below.

I, _____, hereby authorize Camp Mak-A-Dream to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by state and federal law.

I also authorize all persons, public agencies, courts, schools, employer companies and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them from all liability from their doing so.

The above statements are true and complete to the best of my knowledge.

Upon the offer of a position (salaried or volunteer), I understand I must supply the camp with an updated medical evaluation, to be forwarded by my physician at my expense.

Any falsification, misrepresentation or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

PHOTO AND INFORMATION RELEASE

The undersigned gives Camp Mak-A-Dream permission to photograph and use pictures or visual and audio recordings of staff members in professional and fundraising and/or marketing activities. On occasion, with this permission, staff member photographs may be included in a bulletin board, video, website, newsletter, camp album, or in personal photographs. The camp respects the privacy of its participants and does not allow unauthorized visitors to photograph the camp, participants or staff members.

In addition, by signing below, the undersigned gives Camp Mak-A-Dream the permission to give my contact information to groups or individuals wishing to support Camp Mak-A-Dream by sending them an invitation to an event or by sending information related to camp. This **will not** be a list sold or given to anyone else for any other reason.

X _____
Applicant Signature Date