



## 2020 STAFF APPLICATION

### PERSONAL INFORMATION (Please print in ink)

First Name		Last Name:		M.I.	
Current Address			City	State	Zip
Permanent Address			City	State	Zip
Home Phone		Cell Phone		Social Security Number	
Date of Birth		Present Occupation or year in school	If applicable, college course of study		
Email			If not a US Citizen, please give work eligibility		
Do you have any physical conditions/limitations that will interfere with performance of the duties of the position applied for?				If yes, please explain below.	
Have you ever been convicted of anything more than a minor traffic violation?				If yes, please explain below.	

### EDUCATION BACKGROUND

Name of Schools (most recent first)	Dates Attended	Highest Grade Completed	Major/Degree

List major course of study and specific courses related to position desired

Extracurricular Activities/Interests

Other experience working with children, special skills or qualifications

### CAMP RELATED EXPERIENCE

List experience in chronological order starting with the most recent experience.

Dates	Camp	Director	Address

### POSITION APPLYING FOR

Counselor	Junior (17 & 18 Yr Old)	Senior (19 and Older)	
Kitchen / CIT	Office Staff		

## EMPLOYMENT HISTORY

List employment in chronological order with the most recent employment first.

Dates	Employer	Address	Phone	Nature of Work	Supervisor	Reason for Leaving

## CAMP ACTIVITIES – INTEREST and QUALIFICATIONS

Please indicate your level of interest in the following camp activities by ranking them in order of preference. Use numbers (#) (1= most interest, 2= next most desirable activity... to least desirable = 21). Also indicate your level of qualification (Q) for each activity. C= Certified Instructor, T= have knowledge and skills to organize and teach activity with confidence, A= you have knowledge and skill to assist an instructor.

ACTIVITY	Q	#	ACTIVITY	Q	#	ACTIVITY	Q	#
Archery			GA GA			Canoeing		
Baseball / Kickball			Box Hockey			Row Boating		
Soccer			Arts & Crafts			Sailing		
Lacrosse			Fishing			Paddle Boat		
Field Hockey			Turtle/Frog Catching			Kayaking		
Touch Football			Nature Hike			Theater/ Drama		
Volleyball			Gardening			WaWa Man		

SWIMMING ABILITY      Strong \_\_\_\_\_      Average \_\_\_\_\_      Non-Swimmer \_\_\_\_\_

List any swimming experience (team, teaching, Red Cross level achieved, etc.)

Who referred you, or how did you hear about Varsity Day Camp?

## CERTIFICATIONS AND TRAININGS

List courses taken in training or leadership:

Current Certifications: Please list all certifications that will be current at the start of camp. You **must provide** copies of all current certifications and a copy of your driver's license or picture ID if you do not have a driver's license.

Other Training	Certification Expires				Other Training	Certification Expires
Standard First Aid					Water Safety Instructor	
Wilderness First Aid/Responder					Basic Swim Instructor	
CPR Professional Rescuer		Type:			Kayak Instructor	
EMT		State:			Canoe Instructor	
Registered Nurse		State:				
Certified Lifeguard		Type:			Sailing Instructor	
Licensed Driver		State:			Sports Referee	

## OFFICE/SUPPORT SKILLS AREA

If you are applying for one of the Office/Support Positions, please complete this section. Put 1 for those items you are proficient at, 2 for those you are comfortable doing and 3 for those you do not have experience with.

	Microsoft Word		Uploading Files to the Web		Use of Copier/Fax
	Microsoft Access		Answering Phones		Bookkeeping
	Microsoft Excel		Filing		Supervising Peers
	Basic Computer Troubleshooting		Record Keeping		Basic Website Management

## REFERENCES

List names and addresses of three people (not relatives) having knowledge of your experience and ability as it pertains to working in a camp environment.

Name	Address	Phone	Email Address

## EMERGENCY CONTACT

Name \_\_\_\_\_ relation \_\_\_\_\_ cell# \_\_\_\_\_  
 Primary Care Physician \_\_\_\_\_ Office # \_\_\_\_\_

### By signing below, I understand the following:

- 1.) Acceptance of a position at Varsity Day Camp denotes that I agree to abide by all camp policies, rules and regulations.
- 2.) That part of the camping experience involves activities and arrangements and interactions that may be new to me, and that they come with certain risks and uncertainties beyond what I am used to dealing with at home. I am aware of these risks, and I am assuming them. I realize that no environment is risk-free and understand the importance of abiding by the camp's rules. I will become familiar with the rules and obey them.
- 3.) I certify that all information provided by me on this application is true, complete and accurate to the best of my knowledge. It is my responsibility to notify the camp if any personal information or status of information changes.
- 4.) Employment history, references and other information on this application will be carefully investigated.
- 5.) I authorize Varsity Day Camp to make such investigations and inquiries into my personal, employment or educational history or other related matters as may be necessary for an employment decision and to obtain information as to my character, qualifications and reliability from the above listed references.
- 6.) I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.
- 7.) I understand that it is my responsibility to obtain the proper certifications required for employment and to attend all orientation sessions.
- 8.) I understand that falsification or significant omissions of any information may be considered justification for dismissal if discovered at a later date.
- 9.) I understand final employment status may be based on background and registry clearances.
- 10.) It is my responsibility to have three completed reference forms sent to the camp prior to setting an interview.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Varsity Day Camp is an equal opportunity employer. All applications are considered without regard to race, religion, color, sex, age, national origin, citizenship, disability, or marital status.

**FOR OFFICE USE ONLY (please do not write in this section)**

APP		HR		REFERENCES		CPR	
W4-MIW4	-	HIPAA		EMERGENCY CONTACT		FIRST AID	
I-9		DSH1929		ORIENTATION		WSI	
CONTRACT		BC		POLICY MANUAL		LIFEGUARD	