Camp Staff Application Form FM 10N

Developed by American Camp Association

Return to:

(Please type or print.)

Date of Application _____

Name _____ Social Security Number _____

Permanent Address _____
Street & Number City State Zip

Phone _____ Fax _____ E-mail _____
Area & Number Area & Number

School or Business Address _____
Street & Number City State Zip

Phone _____ Fax _____ E-mail _____
Area & Number Area & Number

Dates available From _____ To _____

What type of position do you want at camp? _____ Salary desired? _____

Do you meet or exceed any minimum age requirements for that position? ☐ Don't know minimum age ☐ Yes ☐ No

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation? ☐ Yes ☐ No

If you are hired would you desire or need housing for any person(s) other than yourself at the camp? ☐ Yes ☐ No

Past Work History Provide a full record of all employment — paid and volunteer — and explain any gaps in employment. Include any positions on camp staff. Use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

Indicate any employer you **do not** wish us to contact, and the reason _____

This form has been drafted to comply with federal employment laws; however, ACA assumes no responsibility or liability for the use of this form.

american CAMP association®

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References Give names and addresses of three persons [not relatives] having knowledge of your character, experience, work habits, and ability.

Name	Address & City	Phone

Camp Experience

Dates	Camp & Director	Location	Camper or Staff?

Education High School and Beyond

Years	School	Major Subjects	Degree Granted

Write a brief biographical sketch, including specialized training in camping, and experience or training in other fields which might have a bearing on the position(s) for which you are applying. Attach a separate sheet if necessary.

Camp Program Skills In the following list, put a "T" *before* those activities you can organize and teach as an expert, and an "A" for those activities in which you can assist. Put a "C" *after* those in which you have *current* certification and attach a copy of your certification.

Adventure/Challenge
_____ challenge/ropes course
_____ climbing/rappelling
_____ spelunking/caving
_____ _____

Arts/Crafts
_____ ceramics/pottery
_____ drawing/painting
_____ leather craft
_____ metal work
_____ photography
_____ woodworking
_____ _____
_____ _____

Campcraft/Pioneering
_____ backpacking
_____ campcraft
_____ hiking
_____ orienteering
_____ outdoor cooking
_____ outdoor living skills
_____ overnights
_____ wilderness trips
_____ _____
_____ _____

Dance (list)
_____ _____
_____ _____

Drama
_____ clowning
_____ theater
_____ _____

Music
_____ singing
_____ instrument (list)
_____ _____
_____ _____
_____ _____

Nature
_____ animals/animal care
_____ astronomy
_____ birds
_____ environmental studies
_____ flowers
_____ forestry
_____ insects
_____ rocks/minerals
_____ weather
_____ _____

Sports/Fitness
_____ aerobics/exercise
_____ archery
_____ baseball/softball
_____ basketball
_____ bicycling/biking
_____ boxing
_____ fencing
_____ fishing
_____ football
_____ golf
_____ gymnastics
_____ hockey (ice/in-line)
_____ horseback riding (English)
_____ horseback riding (Western)
_____ informal games
_____ martial arts
_____ riflery
_____ skating (ice, roller, in-line)
_____ soccer
_____ snow sports (list)
_____ _____
_____ tennis
_____ track/field
_____ volleyball
_____ wrestling
_____ _____

Waterfront Activities
_____ board sailing/wind surfing
_____ canoeing
_____ diving
_____ kayaking
_____ rafting
_____ rowing
_____ sailing
_____ SCUBA
_____ swimming
_____ synchronized swimming
_____ water skiing
_____ _____

Miscellaneous
_____ academics
_____ aviation
_____ community service
_____ farming/ranching/gardening
_____ foreign language
_____ leadership development/CIT
_____ radio/TV/video
_____ storytelling
_____ team building
_____ worship services/religious studies
_____ _____
_____ _____

Certifications and Camp Support Staff Skills In the following list, please check those items in which you have experience and skills. Mark with a "C" those for which you hold current certification and attach a copy of your certification.

Business/Administration
_____ bookkeeping/accounting
_____ computer/technical
_____ computer/software (list)
_____ _____
_____ _____
_____ _____

Health/Safety
_____ CPR
_____ first aid
_____ lifeguard
_____ nursing
_____ _____
_____ _____

Maintenance
_____ auto mechanics
_____ carpentry
_____ electrical
_____ plumbing
_____ _____
_____ _____

Food Service
_____ cooking/meal preparation
_____ Food Handler's Permit/Certification
_____ menu planning
_____ purchasing
_____ sanitation
_____ _____

Answer these questions *only* if applying for a position requiring driving

Do you have a valid driver's license? ☐ Yes ☐ No State_____

Do you have current chauffeur's-type license? ☐ Yes ☐ No

Do you have a commercial driver's license? ☐ Yes ☐ No

What contributions do you think you can make at camp?

What contributions do you think a well-run camp can make to children?

Harassment The camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the camp before any decision is made.) ☐ Yes ☐ No

Explain

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.) ☐ Yes ☐ No

Explain

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that , if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

Signature Date

All statements become part of any future employee personnel files.

Voluntary Disclosure Statement
All Camp Staff FM 16
Developed and approved by the
american CAMP association®

Mail this form to the address below by _____ (date)

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and home residences):

   City _____ State _____ Years _____

   City _____ State _____ Years _____

   City _____ State _____ Years _____

   City _____ State _____ Years _____

   (Continue on separate sheet, if necessary.)

2. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)
   □ Yes □ No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?
   □ Yes □ No

   If yes, please explain: (Use a separate sheet, if necessary.)

   _____

   _____

   _____

   _____

4. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?
   □ Yes □ No
   - Indecent assault and battery on a child under fourteen
   - Indecent assault and battery on a mentally retarded person
   - Indecent assault and battery on a person who has obtained the age of fourteen
   - Rape
   - Rape of a child under sixteen with force
   - Assault with intent to commit rape
   - Kidnapping of a child under sixteen with intent to commit rape
   - Distribution and trafficking of narcotics or other controlled substances
   - Intent to commit any of the above crimes.

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If yes, please explain: (Use a separate sheet, if necessary.)

_____

_____

_____

_____

5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? □ Yes □ No

If yes, please explain: (Use a separate sheet, if necessary.)

_____

_____

_____

_____

6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? □ Yes □ No

If yes, please explain: (Use a separate sheet, if necessary.)

_____

_____

_____

_____

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? □ Yes □ No

If yes, please explain:

_____

_____

_____

_____

I understand that:

a) The camp may deny employment to any person who answers "yes" to any one of questions 2-7. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.

b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)

c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
   1) have a history of complaints of abuse of a minor;
   2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
   3) have falsified or omitted information in this disclosure statement.

d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

Signature _____ Date _____

Signature of Minor's Parent or Guardian _____ Date _____

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Camp Jump Start
3602 Lions Den Road
Imperial, MO 63052

CAMP JUMP START

Please complete the following information:

_____ has applied for a position at Camp Jump Start where he/she will be living with and supervising children. Please take a few minutes to tell us how you perceive the applicant in each of following categories and return the form. Thank you for your help.

Please indicate with a checkmark below the candidate's ability to:

Category	Excellent	Very Good	Average	Fair	Poor	N/A
Work with children						
Fulfill commitments and responsibilities						
Maintain confidentiality						
Exhibit emotional maturity						
Communicate verbally						
Take initiative						
Be courteous and polite to others						
Work as a member of a team						
Accept redirection or constructive criticism						
Follow instructions						
Work independently						
Perform tasks						
Understand and adhere to organizational structure, policies, and procedures						
Manage stressful situations						
Be flexible/adaptable to change						
Be prompt						

Comments (may continue on back) _____

_____

How long have you known the applicant? _____ How do you know the applicant? _____

_____

Name (please print) _____

Signature _____

Daytime Phone Number ( ) _____ Date _____

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Imperial, MO 63052

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Accept redirection or constructive criticism						
Follow instructions						
Work independently						
Perform tasks						
Understand and adhere to organizational structure, policies, and procedures						
Manage stressful situations						
Be flexible/adaptable to change						
Be prompt						

Comments (may continue on back) _____

_____

How long have you known the applicant? _____ How do you know the applicant? _____

_____

Name (please print) _____

Signature _____

Daytime Phone Number ( ) _____ Date _____

NAME:_____

You must be at least 18 years of age---are you_____ Sex: (circle) Male Female
(You live in a cabin supervising children directly at all times accordingly)

Official school year classification completing by June 1------
(*High School* Graduate, *College*--Freshman, Sophomore, Junior, Senior, Graduate)

What school do you attend?

Is this an internship? Yes No How many credit hours if internship?

Advisor name and email address:

Career goals:

What age group of kids do you think you would work best—please circle below
(9-12) (12-14) (14-16) (16-18)

Nutrition instruction experience? Yes No
Level of education in dietetics:
Any certifications? Please list:

Cooking experience? Yes No
Do you want kitchen experience?
Do you already have kitchen experience?

Aerobics group exercise experience? Yes No
Any certifications? Please list:

Strength Training experience? Yes No
Personal Trainer certificate? Yes No

Do you have training in CPR and First Aid? Yes No
Have you been certified? Yes No List:
Do you have CURRENT certifications? List:

Do you have Aquatic experience? Yes No
Will you be CURRENTLY certified as a lifeguard this summer? Yes No
Will you be CURRENTLY certified in waterfront this summer? Yes No
Will you be CURRENTLY certified in small boats this summer? Yes No
Have you EVER been an American Red Cross certified lifeguard? Yes No
*****Are you a strong swimmer willing to become a lifeguard? Yes No**

Do you have Arts & Crafts experience? Yes No
Explain:
Can you ride a bike? Yes No

NAME:_____

Can you teach someone how to ride a bike? Yes No
Can you fix bikes? Yes No
Can you be silly so you can make riding bikes in a circle fun? Yes No

Are you a "runner"? Yes No Explain level—

Do you have sports experience? Yes No
Explain what sports and experience:

Do you have Outdoor Education or Nature experience? Yes No
Please explain:

Do you have Archery experience? Yes No
Any certifications? List:

Do you have low ropes or climbing wall experience? Yes No
Any certifications?

Do you have self-defense or martial arts experience? Yes No
Please explain:

Do you have any Health Science experience? Yes No
Please explain: (Examples---EMS, nursing or pre-med)

Do you have any counseling or psychology experience? Yes No
Please explain:

I would like to help with or lead these classes—

Loss of Loved one class	Adoption class	Family issues class	Anxiety class
Anger Management class	Book club	Relationship class	Etiquette Class
Social media etiquette	Fishing	Yoga	Tae Bo
Volleyball	Basketball	Soccer	Field Hockey
LaCrosse	Another sport or exercise class—list:		

Circle the items you would consider yourself to be good at—

ORGANIZATION CLEANING LAWN CARE PAINTING PHOTOGRAPHY
COMPUTERS SOCIAL MEDIA GARDENING OFFICE WORK LOUD VOICE

***You will receive 6 days off in the summer arranged according to camp schedules and needs. Once schedules are made it will not be possible for employees to switch days off during the summer. Emergency/sick days off will be substituted with scheduled days off. If you run out of days then this may reduce your paycheck according to your employment agreement.