

# Meadowood Springs Speech and Hearing Camp

## Camp Staff Application

Date: \_\_\_\_\_ Camp Year: \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_ Camp Name: \_\_\_\_\_

Present address: \_\_\_\_\_ Permanent address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Are you over 18 years of age:

Yes  No

Position(s) applying for: \_\_\_\_\_

### Available for (check all that apply):

- Session 1: July 2<sup>nd</sup> – 15<sup>th</sup> (Includes staff training, and seven-day Speech-Language and Hearing Camp)  
 Session 2: July 18<sup>th</sup> – 30<sup>th</sup> (Includes three-day day camp, and seven-day Speech-Language and Hearing Camp)  
 Session 3: August 1<sup>st</sup> – 13<sup>th</sup> (Includes four-day and six-day ASD Family Immersion Camp)

### Shirt Size (for Camp Uniform):

S  M  L  XL  XXL  XXXL

### Have you been charged and/or convicted of any crime, including sex-related or child abuse related offenses?

No  Yes If yes, please explain on separate page.

### Do you have any special dietary needs?

No  Yes If yes, please explain:

### Do you have current (Check all that apply):

First Aid  CPR  Lifeguard/WSI  Other relevant certifications to our camp: please explain: \_\_\_\_\_

Additional information for consideration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* If hired, you will be required to provide employer with a current criminal background check.**

Do you smoke?  Yes  No

Do you have a physical limitation or health problem(s) that will limit your activities at camp?

No  Yes If yes, explain: \_\_\_\_\_

Talents, hobbies, memberships, associations, etc.: \_\_\_\_\_

**EDUCATION**

Name and location of High School: \_\_\_\_\_

Junior  Senior  Graduate (Year \_\_\_\_\_)  GED (Year \_\_\_\_\_)

School now attending: \_\_\_\_\_ Number of years: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree(s) held: \_\_\_\_\_

Other education and training: \_\_\_\_\_

Please list continuing education workshop(s), conferences, and/or other seminars you attended in the past year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list experience working with children (including special needs children): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any knowledge regarding special needs children and the care they require?

No  Yes If yes, explain: \_\_\_\_\_

List previous camp experience:

Type/Name of Camp: \_\_\_\_\_

Year(s) There: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Do you sign?  No  Yes If yes, sign language training and proficiency level (not required):

\_\_\_\_\_

Do you have current:  First Aid  CPR  EMT or First Responder  RN

Lifeguard  WSI Other: \_\_\_\_\_ (Enclose copies)

**EMPLOYMENT**

Current employer: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor, title: \_\_\_\_\_  
Your title and duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Previous employer: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor, title: \_\_\_\_\_  
Your title and duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Previous employer: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor, title: \_\_\_\_\_  
Your title and duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**REFERENCES** (Minimum of two professional/educational references and one character reference)

Name, Title and Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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Address: \_\_\_\_\_  
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Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Why do you want to work at Meadowood Springs Speech and Hearing Camp?** \_\_\_\_\_

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**What can you contribute to Meadowood Springs Speech and Hearing Camp?** \_\_\_\_\_

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The information herein is complete and correct to the best of my knowledge. I authorize The Institute for Rehabilitation, Research and Recreation, Inc. (IRRRRI) to appropriately investigate my background including, but not limited to, interviewing my references, current, and previous employers. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the employer.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return completed and signed application to:**

**Meadowood Springs Speech & Hearing Camp  
Post Office Box 1025  
Pendleton, Oregon 97801-0030  
Phone: (541) 276-2752  
Fax: (541) 276-7227  
E-mail: [employment@meadowoodsprings.org](mailto:employment@meadowoodsprings.org)**