

Meadowood Springs Speech and Hearing Camp

Returning Staff Application

If you were employed at Meadowood Springs Speech and Hearing Camp within the last two years this shortened application is all that is required. Your commitment to our program is greatly appreciated.

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 #: _____

Position(s) applying for: _____

Available for (check all that apply):

- Session 1: July 2nd – 15th (Includes staff training, and seven-day Speech-Language and Hearing Camp)
- Session 2: July 18th – 30th (Includes three-day day camp, and seven-day Speech-Language and Hearing Camp)
- Session 3: August 1st – 13th (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: _____

Signature: _____ Date: _____

Return completed and signed application to:

Meadowood Springs Speech and Hearing Camp, PO Box 1025, Pendleton, OR. 97801
Phone: (541) 276-2752 Fax: (541) 276-7227
Email: employment@meadowoodsprings.org