



Camp Staff Application

Date: _____

Camp Year: _____

Applicant Information:

Name: _____

Camp Name Previous Years: _____

Present address: _____

Mailing Address: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Social Security Number: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Relationship _____

What is your current age? _____ Date of Birth _____

Have you worked at Camp Meadowood before? _____ Yes _____ No What Years? _____

Position Applying For ("X" all that apply). Please be sure to read job descriptions and requirements for each position before checking the position.

<input type="checkbox"/>	Living Unit Staff	<input type="checkbox"/>	Activities Staff	<input type="checkbox"/>	Life Guard
<input type="checkbox"/>	Maintenance Staff	<input type="checkbox"/>	Head Cook	<input type="checkbox"/>	Kitchen Help
<input type="checkbox"/>	Student Clinician	<input type="checkbox"/>	Behavior Specialist	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Master Clinician	<input type="checkbox"/>	Camp Caretaker	<input type="checkbox"/>	

I am available for the following sessions (Preference is given to those who are available all summer)

<input type="checkbox"/>	All Staff Training (Mandatory unless approved by directors) Clinicians, kitchen staff, activities staff All other staff arrive for training	7/02/19 to 7/06/19
<input type="checkbox"/>	Adventures in Communication Camp Session 1	7/07/19 to 7/14/19
<input type="checkbox"/>	Adventures in Communication Camp Session 2	7/20/19 to 7/27/19

Camp Shirt Size (required to wear on 5 different days)

___ Small ___ Medium ___ Large ___ X Large ___ 2XLarge ___ 3XLarge

Have you been charged and/or convicted of any crime, including sex-related or child abuse related offense? ___ No ___ Yes ___ If yes, please explain on a separate sheet of paper.

Do you have special dietary needs? ___ No ___ Yes Please Explain: _____

Do you have current certifications? Place an "x" next to those that apply:

___ First Aid ___ CPR ___ Lifeguard/WS ___ EMT/1st Responder ___ RN ___ Other relevant certifications

Explain: _____

Do you smoke? ___ No ___ Yes

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

___ No ___ Yes Explain: _____

What other talents do you bring to camp (singing, acting, sports, etc.)?

Additional considerations you would like us to know?

EDUCATION

School, college or HS now attending _____ Number of Years _____

Major _____ Minor _____

Anticipated year of graduation _____ Degrees held _____

****For Clinical Staff: Number of Observation hours _____ Hands on Therapy Hours _____

ASHA Certification # _____ Types of Clinical Experience _____

Other education and/or trainings that would be helpful to camp:

Please list continuing education workshops, conferences, and/or other seminars attended:

Please list experiences you have in working with children in general and those with special needs:

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

Do you know Sign Language? ___ Yes ___ No Which one? ___ ASL ___ SEE

List previous camp experiences you can bring with you:

Type/Name of Camp	Years@Camp	Position	Duties

Why do you want to work at Camp Meadowood Springs?

What can you contribute to Camp Meadowood Springs?

Please supply the following documents:

___ Resume ___ Cover Letter ___ References ___ Recommendation Letters ___ Transcript (Clinical Only)

The information herein is complete and correct to the best of my knowledge. I authorize The Institute for Rehabilitation, Research and Recreation, Inc. (IRRRI) 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/interview may result in discharge;
- I am required to abide by all rules and regulation of the employer;
- An offer of employment is contingent upon successful completion of a criminal background check;
- Scheduled camp sessions may change thus potentially impacting a summer work schedule.

Signature: _____ **Date:** _____