

CAMP JOHARIE

STAFF APPLICATION

GENERAL INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number: _____

Birth Date: _____ Marital Status: _____

Home Church: _____ Pastor: _____

EDUCATION

High School: _____ Year Graduated: _____

College: _____ Year Graduated: _____ Degree _____

College: _____ Year Graduated: _____ Degree _____

College: _____ Year Graduated: _____ Degree _____

EXPERIENCE

What experience, skills, and certification do you possess that would be helpful to this job?

Camping Experience: _____ Leadership Experience: _____

Sign Language: _____ Counseling Experience: _____

Theater: _____ Psychology: _____

Sports: _____ Physical Therapy (PT) _____

JOB PREFERENCE

Please check the position for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Food Service Coordinator | <input type="checkbox"/> Kitchen Assistant |
| <input type="checkbox"/> Asst. Program Director | <input type="checkbox"/> Program Specialist: Nature Study | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Land Sports Counselor | <input type="checkbox"/> Program Specialist: Arts & Crafts Counselor | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Maintenance Assistant |

Please check age group preference: 7 – 8 9 – 10 11 – 12 13 – 15

Seasonal Salary Expected: _____

CAMP JOHARIE

WORK EXPERIENCE

1. Employer Name & Address _____
Position Held _____
Length of Time _____
Reason For Leaving _____
2. Employer Name & Address _____
Position Held _____
Length of Time _____
Reason For Leaving _____
3. Employer Name & Address _____
Position Held _____
Length of Time _____
Reason For Leaving _____
4. Employer Name & Address _____
Position Held _____
Length of Time _____
Reason For Leaving _____

Drivers License # _____ State Issued _____ Working Papers ID # _____

BACKGROUND

Have you ever been charged with or convicted of any crime involving Children? Yes No

If yes, please explain and list all upcoming court appearances, ACS indicated cases, etc...

OTHER EXPERIENCES

Please list any experience or responsibility specifically related to childcare.

REFERENCES

Please list the name and address of persons who know your skill set. Be sure to include their position and the length of time the person has known you. This reference cannot be a relative. Please bring two letters of reference to your interview or return it with your application.

1. _____

2. _____

CAMP JOHARIE

OTHER INFORMATION

How did you hear about Camp Joharie? _____

Why do you want to work at Camp Joharie? _____

What do you think you can contribute to the children and the camp community? _____

EMERGENCY CONTACT INFORMATION

In case of any emergency who would you like Camp Joharie to notify?

Name _____

Address _____

Telephone _____

Relationship to Applicant _____

HEALTH INFORMATION

Are you in good physical health? Yes No

If no, please explain _____

Do you have any physical restrictions? Yes No

If yes, please explain _____

Do you have any recurring illnesses? Yes No

If yes, please explain _____

I understand that being a Camp Joharie staff member means serving, cooperating with the director and other staff members as unto the Lord, obeying camp policies and sacrificing personal desire in the interest of campers.

Signature

Print

Date