



SUMMER STAFF REAPPLICATION

This application is only for staff who were hired for last year's Summer Camp program/the current respite season and wish to return to Summer Camp this year. Please type or print all information

PERSONAL INFORMATION:

Name _____ Date _____
Present Address _____
City _____ State _____ Zip _____ Phone () _____
E-Mail Address _____ Cell Phone () _____

I AM APPLYING FOR (please check):

Summer Administration

- Head Counselor
Program Coordinator

Cabin Counseling

- Lead Cabin Counselor
Cabin Counselor
Night Staff

Program Instructor

- Sports & Rec
Creative Arts
Lifeguard
Equestrian Aide
Barn & Garden
Outdoor Education
Challenge Facilitator

Primitive Camping

- Outpost Coordinator
Outpost Counselor

Medical

- Health Officer
Health Assistant

CERTIFICATIONS:

Check the current licenses or certificates you hold.

Valid Driver's License
Chauffer's License
Commercial Driver's License
Nurse's License/Registration: #
American Red Cross Water Safety Instructor or equivalent
American Red Cross Lifeguard or equivalent
American Red Cross CPR Professional Rescuer or equivalent
American Red Cross CPR Community & Workplace or equivalent
American Red Cross First Aid or equivalent
American Canoe Association: Canoeing Level
Wilderness First Aid
Wilderness First Responder
Medication Management Training, Agency:
Other:

Expires

(circle) Yes No
(circle) Yes No
(circle) Yes No

5. What can you contribute this summer that is different from last summer?

6. Is there anything else you would like to add?

PLEASE CIRCLE 'YES' or 'NO' FOR THE FOLLOWING QUESTIONS:

Have you ever been convicted of a crime involving theft or drugs?	Yes / No
Have you ever been convicted of a crime involving violence?	Yes / No
Have you ever been disciplined or discharged by an employer for sexual harassment?	Yes / No
Have you ever been convicted for abuse or any sex-related crime?	Yes / No
Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?	Yes/ No

I certify that all statements and information given on this application is true and complete to the best of my knowlegde. I give permission for previous employers to share my employment information. I understand that falsified information is grounds for immediate dismissal.

Signed: _____ Date: _____