

# Camp St. Charles

## Staff Application

Please return to:  
 Laura Hall  
 Camp St. Charles  
 P.O. Box 99  
 Issue MD 20645  
 Fax: 240-523-9437  
 csclaurahall@gmail.com



Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

School/Business Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMAIL address: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Age this coming summer: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

What is your highest grade level completed?  10th  11th  12th  College \_\_\_\_\_

Are there disabilities that might affect the performance of the position for which you are applying?  Yes  No

If yes, do you have suggestions as to how we can accommodate your disability?  Yes  No

Describe: \_\_\_\_\_

### Past Employment (List previous two summers or years)

Date	Employer	Address / Telephone	Nature of Work

Do we have permission to contact your present and past employers?  Yes  No

### Camp Experience

Date	Camp	Address / Telephone	Nature of Work

### References (Give names/addresses of persons [not relatives] having knowledge of your character, experience, and ability.)

Name	Address	Telephone

Do we have permission to contact your references?  Yes  No

What type of position do you want at camp? \_\_\_\_\_ Salary? \_\_\_\_\_

Dates available: From \_\_\_\_\_ to \_\_\_\_\_

Mark the activities below using the following rating scale:

1 = activities you can organize and teach as an expert

2 = activities which you can assist in teaching

3 = activities which are just your hobby

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Ceramics          | <input type="checkbox"/> First Aid       | <input type="checkbox"/> Skits and Stunts | <input type="checkbox"/> Sailing           |
| <input type="checkbox"/> Rainy Day         | <input type="checkbox"/> Nature/Ecology  | <input type="checkbox"/> Lifesaving       | <input type="checkbox"/> Horses            |
| <input type="checkbox"/> Indian Lore       | <input type="checkbox"/> Riflery         | <input type="checkbox"/> Speedboat        | <input type="checkbox"/> Dramatics         |
| <input type="checkbox"/> Indoor games      | <input type="checkbox"/> Archery         | <input type="checkbox"/> Swimming         | <input type="checkbox"/> Storytelling      |
| <input type="checkbox"/> Outdoor games     | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Water Skiing     | <input type="checkbox"/> Smallcraft        |
| <input type="checkbox"/> Overnight campout | <input type="checkbox"/> Team Sports     | <input type="checkbox"/> Windsurfing      | <input type="checkbox"/> Hiking            |
| <input type="checkbox"/> Outdoor cooking   | <input type="checkbox"/> Animal Care     | <input type="checkbox"/> Swim Meets       | <input type="checkbox"/> Campfire Programs |

**Certifications** (Check and give expiration dates)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Water Safety Instr. _____<br>(expiration) | <input type="checkbox"/> Lifeguarding _____<br>(expiration) | <input type="checkbox"/> Archery Instructor _____<br>(expiration) |
| <input type="checkbox"/> N.R.A. Instructor _____                   | <input type="checkbox"/> First Aid _____                    | <input type="checkbox"/> Registered Nurse _____                   |
| <input type="checkbox"/> Emerg. Med. Tech. _____                   | <input type="checkbox"/> Speedboat _____                    | <input type="checkbox"/> Pool Operator _____                      |
| <input type="checkbox"/> C.P.R. _____                              | <input type="checkbox"/> Sailing Instructor _____           | <input type="checkbox"/> _____                                    |

Do you drive?  Yes  No

Do you have a valid driver's license?  Yes  No State: \_\_\_\_\_

Have you been convicted of a criminal offense involved with children?  Yes  No

Are you willing to submit to a background check?  Yes  No

Why do you want to be a Camp St. Charles staff member?

What contributions can you make to Camp St. Charles?

I authorize investigation of all statements herein and release the camp and others from liability in connection with same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading, or omitted information herein may result in dismissal regardless of the time of discovery by the camp.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

All Statements become part of any future employee personnel files.