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



Permanent	Address	ess City/State/Zip	Phone: ()
School/Bu	siness Address:	ess City/State/Zip	Phone: ()
		стуваю др	Cell phone: ()
		Date of birth:/	
What is yo	our highest grade level c	ompleted?	llege
Are there o	disabilities that might af	fect the performance of the position for whic	h you are applying?
If yes, do y	you have suggestions as	to how we can accommodate your disability	? □Yes □No
Describe: _			
Past Emn	loyment (List previous i	two summers or vears)	
Date	Employer	Address / Telephone	Nature of Work
	1 7	1	
	•	your present and past employers?	J _{No}
Camp Exp	•	your present and past employers?	Nature of Work
Do we hav Camp Exp Date	perience		
Camp Exp	perience		
Camp Exp	perience		
Date	Camp	Address / Telephone	Nature of Work
Camp Exp Date Reference	Camp S (Give names/addresses of	Address / Telephone Of persons [not relatives] having knowledge of you	Nature of Work we chastacter, experience, and ability.)
Camp Exp Date Reference	Camp	Address / Telephone	Nature of Work
Camp Exp Date Reference	Camp S (Give names/addresses of	Address / Telephone Of persons [not relatives] having knowledge of you	Nature of Work we chastacter, experience, and ability.)
Camp Exp Date Reference	Camp S (Give names/addresses of	Address / Telephone Of persons [not relatives] having knowledge of you	Nature of Work we chastacter, experience, and ability.)
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Date Reference	Camp S (Give names/addresses of ame	Address / Telephone of persons [not relatives] having knowledge of you Address	Nature of Work we chastacter, experience, and ability.)
Camp Exp Date Reference No	Camp S (Give names/addresses of ame re permission to contact	Address / Telephone Of persons [not relatives] having knowledge of you	Nature of Work wr chasracter, experience, and ability.) Telephone

Mark the activities below using the 1 = activities you can orga 2 = activities which you can 3 = activities which are ju	anize and teach as an expert an assist in teaching						
Ceramics Rainy Day Indian Lore Indoor games Outdoor games Overnight campout Outdoor cooking	First Aid Nature/Ecology Riflery Archery Track and Field Team Sports Animal Care	Skits and Stunts Lifesaving Speedboat Swimming Water Skiing Windsurfing Swim Meets	Sailing Horses Dramatics Storytelling Smallcraft Hiking Campfire Programs				
Certifications (Check and give expiration dates) (expiration) (expiration) (expiration)							
Water Safety Instr.	_	(expiration)	Archery Instructor				
N.R.A. Instructor	First Aid		Registered Nurse				
Emerg. Med. Tech.	_		Pool Operator				
□C.P.R.	Sailing Instructo	r					
Have you been convicted of a criminal offense involved with children?							
What contributions can you ma	ake to Camp St. Charles?						
that, if employed, I will be an at-wind of the camp. I also understand that discovery by the camp.	ill employee and that any agreen untrue, misleading, or omitted in	nent to the contrary must be information herein may resu	y in connection with same. I understand e in writing and signed by the director ult in dismissal regardless of the time of				
Signature			Date:				
A	All Statements become part of an	y future employee personn	nel files.				

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