



High Meadows Summer Day Camp *Staff Application*

Please print all information

DATE / /

LAST NAME ↓

FIRST NAME ↓

MIDDLE NAME ↓

PERMANENT ADDRESS ↓ Street

City ↓

State ↓

Zip Code ↓

PRIMARY PHONE ↓

POSITION APPLIED FOR: ↓

E-MAIL (Communication prior to camp is done electronically. Please check your email often.) ↓

ALTERNATE ADDRESS (if applicable) Street ↓

City ↓

State ↓

Zip Code ↓

ALTERNATE PHONE NUMBER ↓

AGE: 18-20

21 and older

To which address should mail be sent? _____ until _____

Dates of training / employment fall between the end of May and the beginning of August.
Please indicate if there is any time during this period when you would not be able to work.
Hiring preference is given to employees who are able to commit to the entire summer.

Please explain any difficulty you may have in performing any of the essential functions of the job applied for:

Have you ever been convicted of a felony: _____ If yes, please describe: _____

FOR OFFICE USE ONLY	
Application Received ___/___/___	Position Offered _____
Personal Interview ___/___/___	Agreement Sent ___/___/___
References 1 2 3 4	Agreement Received ___/___/___

EDUCATION: List the last two schools you have attended or are attending.

School (City, State)	Major Subjects	Degree Granted

Please list any achievements or recognitions you received during your academic career: _____

Please list any extracurricular activities you have been involved in and any specialized courses you have taken that would be of benefit to camp: _____

CERTIFICATIONS: Please check those that will be in effect through the summer. Attach copies of certification.

- | | |
|--|---|
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Challenge Course / Initiatives |
| <input type="checkbox"/> WSI | <input type="checkbox"/> High Ropes |
| <input type="checkbox"/> A.R.C. Smallcraft Instructor | <input type="checkbox"/> Canoeing |
| <input type="checkbox"/> A.C.A. Outdoor Living Skills Instructor | <input type="checkbox"/> Wilderness First Aid |
| <input type="checkbox"/> American Archery Association Instructor | <input type="checkbox"/> Commercial Driver's License |
| <input type="checkbox"/> First Aid / CPR / AED | <input type="checkbox"/> Other: _____ |

How do feel your education has prepared you for working with children in a summer camp setting? _____

What can a child learn from a camping experience? _____

CAMP EXPERIENCE: List all camps you have attended as a camper or staff member.

Dates	Camp (City, State)	Director	Camper or Staff? Job Title?

CAMP SKILLS: Indicate activities in which you have an interest, are knowledgeable or skilled, or can teach:

	Interested	Experience/Skill	Able to Instruct
Animal Care			
Archery			
Arts & Crafts			
Canoeing			
Dance			
Darkroom Photo			
Event Planning			
Native Lore			
Nature			

	Interested	Experience/Skill	Able to Instruct
Outdoor Skills			
Performing Arts			
Pioneering			
Ponies			
Ropes / Challenge			
Sports			
Swimming			
Traditional Skills			
Woodworking			

Other: _____

EMPLOYMENT: List all present and past employment, beginning with the most recent.

Name of business	Name of Supervisor	Reason for leaving
Dates of employment	Job description	Salary / wages
Email address	Phone number	

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Indicate any employer you do not wish us to contact and reason: _____

How has your work history prepared you for a job at summer camp and for dealing with both campers and other staff members? _____

What unique contributions can you make to our summer camp program? _____

How do your personal values and lifestyle coincide with High Meadows' philosophy and objectives? _____

How did you find out about High Meadows Summer Day Camp? _____

REFERENCES: List four people who can attest to your work experience, character, and ability. Do not include relatives or fellow students. Please distribute a reference form to each of them and ask them to return it to High Meadows as soon as possible.

Name and nature of relationship	() home phone	email
Address	City	State Zip Code
Name and nature of relationship	() home phone	email
Address	City	State Zip Code
Name and nature of relationship	() home phone	email
Address	City	State Zip Code
Name and nature of relationship	() home phone	email
Address	City	State Zip Code

I authorize investigation of all statements contained within this application and release High Meadows School and all others from liability in connection with the same. I understand that, if employed, I will be an at-will employee, that the employee or employer is free to terminate my employment at any time and for any or no reason, and that any agreement to the contrary must be in writing and signed by the Camp Director. I also understand that any untrue, misleading, or omitted information herein may result in dismissal, regardless of time of discovery by the employer. I further give permission to undergo a criminal background investigation and to submit to any drug or physical tests required by the employer.

Signature of Applicant
Date

High Meadows Summer Day Camp provides equal employment opportunities to staff and applicants without regard to race, color, religion, national origin, gender, age, disability, or veteran status – except in limited instances when age or gender considerations are bona fide occupational requirements.

All statements become part of any future employee personnel files.