



Application for Camping Program Staff

Camp Wright
 400 Camp Wright Lane
 Stevensville MD 21666

Phone: 410.643.4171 Fax: 410.643.8421
 AssociateDirector@campwright.com

Full Name: _____ Gender: M F Nickname: _____

US Social Security Number: _____ Email Address: _____

Mailing Address: _____

Permanent Address (if different): _____

Cell Phone Number: _____ Alternate Phone Number: _____

What is the best way to contact you? _____ When? _____

How did you hear about Camp Wright?

In what position are you most interested and why? Please include Day/Overnight Preference.

Why are you an excellent candidate for this position?

What dates are you available for employment? _____

Education History

Name of High School		Date Of Graduation	Activities or Accomplishments
College	Major(s)	Degree Granted?	Activities or Accomplishments
Currently enrolled?			
2 nd College or Graduate School	Major(s)	Degree Granted?	Activities or Accomplishments
Currently enrolled?			

Applicant Name:

Work Experience

Please list all paid and volunteer work experience you have had in the last five years. Use a separate sheet if you need more space.

	Dates	Business/Organization	Supervisor Name	Address and Phone Number	Position	Reason for Leaving
1						
2						
3						

Camp and Outdoor Experience

Were you ever a camper? Camp Name? _____ Dates? _____

Camp Name? _____ Dates? _____

Have you ever worked at a camp?

Camp Name: _____ Position(s) Held: _____

Director's Name: _____ Dates of Employment: _____

Camp Name: _____ Position(s) Held: _____

Director's Name: _____ Dates of Employment: _____

Describe any other outdoor experiences you have had.

Program Skills

Please indicate what activities and programs you are interested in leading or supervising. Put a 1 if you feel you are able to organize and lead an activity. Put a 2 if you feel you are able to assist in leading the activity. Put a 3 if you are interested in learning more about or developing skills for an activity.

- | | | |
|----------------------------|--------------------------|------------------|
| ___ Sailing | ___ Drama | ___ Lifeguarding |
| ___ Canoeing | ___ Dance | ___ Teambuilding |
| ___ Kayaking (Flatwater) | ___ Newspaper/journalism | ___ Group Games |
| ___ Christian Education | ___ Volleyball | ___ Music |
| ___ Outdoor Living Skills | ___ Soccer | ___ Yoga |
| ___ Outdoor Cooking | ___ Archery | ___ Percussion |
| ___ Drawing | ___ Lacrosse | ___ Singing |
| ___ Painting | ___ Tennis | ___ Guitar |
| ___ Crafts | ___ Ultimate Frisbee | ___ Photography |
| ___ Nature Studies | ___ Basketball | Other: _____ |
| ___ Fishing | ___ General Sports | _____ |
| ___ Leadership Development | ___ Swimming Lessons | |

Applicant Name:

Are you comfortable working in an outdoor environment with limited air conditioning and electricity?

Please list any pertinent certifications you have already obtained and the expiration dates of those certifications. Eg: ARC Lifeguard, CPR, WSI, etc

What other skills, hobbies, experiences or interests do you have that relate to childcare or work at camp?

Do you feel comfortable talking with children about God, upholding Christian values and attending devotions and worship services?

Are you active in your local church or parish? If yes, please list parish and pastor information and activities.

What else do we need to know about you while considering you for a position with Camp Wright?

References

Camp Wright requests at least three character references. These references should include people who have seen you work with children, people familiar with specific skills and abilities that you may use at camp. Include at least two individuals who have known you for more than one year, and a faculty or school administrator if you are currently enrolled. Please do not list relatives as references.

	Name	Relationship to You	Address	Phone Number
1				
2				
3				
4				

Camp Wright will also contact previous employers. Have you listed any employers we should not contact? Yes or No _____ if yes, please explain

Applicant Name: _____

Conviction Statement

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR DO YOU HAVE FELONY CHARGES PENDING AGAINST YOU? **YES OR NO** _____ HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS, OR ARE THERE CHARGES PENDING AGAINST YOU? **YES OR NO** _____ HAVE YOU EVER HAD A SUBSTANTIATED CHILD ABUSE, CHILD SEXUAL ABUSE OR CHILD NEGLECT CASE AGAINST YOU? **YES OR NO** _____ IS THERE A PETITION NAMING YOU IN JUVENILE, CIVIL OR CRIMINAL COURT CONCERNING CHILD ABUSE, CHILD SEXUAL ABUSE, OR CHILD NEGLECT? **YES OR NO** _____ IF YES TO ANY OF THE ABOVE, PLEASE ATTACH INFORMATION RELATING TO THE CONVICTION OR OFFENSE OR PENDING CHARGE.

Before you report to work Camp Wright will require a background check that may include criminal records and motor vehicle checks. In addition, American Camp Association Standards require employees complete a health history report and physical examination with a health care provider before camp begins.

Do you have any physical, mental, or emotional problems that could interfere with your ability to perform job functions? **Yes or No** _____ If yes, please explain and include any standards or practices that will help you uphold your duties while at camp.

Applicant's Statement

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT AND DISCHARGE. I UNDERSTAND THE IMPORTANCE OF FULFILLING MY OBLIGATIONS TO CAMP WRIGHT AS SET FORTH IN MY AGREEMENT OR CONTRACT AND THAT I WILL BE REQUIRED TO ABIDE BY ALL REGULATIONS SET FORTH BY MY EMPLOYER.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian if under 18: _____ Date: _____