



## Staff Application Camp Burnt Gin

### Office Use Only

Interview: \_\_\_\_\_ References: \_\_\_\_\_ Contract: \_\_\_\_\_

### General Information (Please print or type)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City State Zip

Are you over 18 years of age? \_\_\_\_\_ If not, please state your age: \_\_\_\_\_

Position for which you are applying: First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

### Education

High School Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
10 11 12

College or University: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Freshman Soph. Jr. Sr. Grad.

Major and/or Minor: \_\_\_\_\_

### Camp Experience

Camper or Staff?	Camp	Director	Address	Dates
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Past Employment (List present and past jobs for last two years)

Dates	Employer	Address	Zip Code	Nature of Work
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Qualifications

Can you swim?  Yes  No      If yes  Poor  Fair  Good  Excellent

Do you have experience in working with children?  Yes  No      If yes, please describe.

Describe your qualifications for the position you desire (include training or experience and related educational courses).

Do you know sign language?  yes  no      If yes, how well? \_\_\_\_\_

Registered Nurse	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please attach a copy of your license.
Adult CPR Certification	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please attach a copy of your certification.
Child CPR Certification	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please attach a copy of your certification.
First Aid Certification	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please attach a copy of your certification.
Lifeguard Training Certification	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please attach a copy of your certification.
WSI Certification	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please attach a copy of your certification.

## Interest and Abilities

Put an X in front of the activities that you can assist and XX in front of those you can organize and teach.

### Sports and Games

- Archery
- Parachute Games
- Basketball
- Quiet Games
- Tumbling
- Badminton
- Softball
- Volleyball

### Arts and Crafts

- Ceramics
- Drawing/Painting
- Paper Craft
- Nature Crafts
- Weaving
- Woodwork
- Leather Craft
- Fabric Crafts

### Fine Arts

- Singing
- Musical Instruments
- Square Dancing
- Storytelling
- Drama
- Puppetry
- Modern Dance
- Rhythm Band

### Nature

- Animals/Animal Care
- Plants
- Insects
- Rocks
- Stars
- Gardening
- Weather
- Outdoor Education

### Aquatics

- Boating
- Canoeing
- Fishing
- Swimming

### Campcraft

- Cookouts
- Fire Building
- Campouts
- Hiking

### Office Management

- Purchasing
- Bookkeeping
- Typing
- Driver's License

### Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

