

For Office Use Only

2014

Please attach photo

__ Received: _____

CAMP WINDHOVER

2092 Six Mile Road

__ Interview: _____ STAFF

APPLICATION

Crystal Springs, MS 39059

__ Contract Sent: _____

Phone: 601-892-3282

__ Contract Rec'd; _____

celia@campwindhover.com

www.campwindhover.com



Please TYPE or PRINT

New guard training starts 05/30.

Staff Training starts 05/31, 5 pm

& ends 06/5.

NAME: _____ Date: _____

Social Security #: _____ - _____ - _____ Birth Date: _____ Driver's License # _____

PRESENT ADDRESS:

Street _____ City _____ State _____ Zip: _____

Phone: (_____) _____ Dates at this address: _____

PERMANENT ADDRESS:

Street _____ City _____ State _____ Zip: _____

Phone: (_____) _____ Dates at this address: _____

E-mail address: _____ T-Shirt Size: _____

EDUCATION: College/High School Major Subjects Years GPA Year in School or Degree

Career Goal _____

EMPLOYMENT/WORK HISTORY: List previous employment starting with most recent.

Use additional paper if necessary.

Dates Employer/Immediate Supervisor Address/Phone Nature of Work Reason Leaving

CAMP EXPERIENCE:

Camper or staff? Camp Director Name Location Dates

REFERENCES: Give names and contact information of three persons (**NOT RELATIVES or FRIENDS**) who have knowledge of your character, experience and abilities. Give complete mailing information and phone numbers as these references will be contacted.

Name _____ Address _____
Phone () _____ E-Mail _____ Relationship _____

Name _____ Address _____
Phone () _____ E-Mail _____ Relationship _____

Name _____
Address _____
Phone () _____ E-Mail _____ Relationship _____

How did you learn about Camp Windhover? ___ Internet; ___ Friend (_____)
___ Camp Fair (Where: _____) ___ Other (_____)

Dates available to work: From _____ To _____.

Position(s) applying for: _____.

GETTING TO KNOW YOU: *The following items are designed to help us get to know you better and give you a chance to understand more of what your role in camp might be. Please briefly answer on a separate sheet of paper.*

1. Why are you interested in working at a camp, Windhover specifically?
2. Describe all supervisory experiences you have had with children (include ages and your responsibilities).
3. Please describe all leadership positions you have held and the related responsibilities.
4. What types of situations with children do you think would be most difficult for you?
5. We are a non sectarian camp; our campers and staff are of many faiths. We sing blessings at each meal and hold a service on Sundays. Would you be comfortable in this setting?
6. What is your reaction to our staff policies and expectations as described in this packet? Also, give specific reactions to the no drugs, no alcohol, no smoking, and no inappropriate contact policy.
7. If you are interested in working with our Counselor-in-Training Program, please describe what you could contribute to their leadership program and your work experience with that age group.
8. If you are interested in working with our older campers, please describe your image of a pre-teen and your experience with that age group.

CERTIFICATIONS & COMPLETED WORKSHOPS:

Current Basic First Aid and CPR are mandatory for employment. We will help you locate certification workshops and will offer certification during Staff training. Copies of certifications must be turned in or mailed to the office before camp begins.

___ CPR, Expires _____ First Aid, Expires _____

___ Archery Certification, Expires _____ Horseback Riding expires _____

___ WSI, Expires _____ Other (_____), Expires _____

BACKGROUND: Please attach details to any of the following questions if answered yes.

A. Have you ever been accused, arrested or convicted of a misdemeanor or felony, including but not limited to a violent crime and/or a crime against children? _____

B. Have you ever been addicted to or treated for chemical dependence? _____

SKILLS:

In the following list put a (1) by those activities you can organize and teach as an expert; (2) by those activities in which you can assist in teaching; and (3) for those activities in which you have had some useful experience. Please describe in detail your experience, qualifications, and aptitude for your top three skill areas at bottom of this section.

Crafts Studio

Lanyards__ Ceramics__
Basketry__ Friendship
Knitting__ bracelets__

Fine and Performing Arts

Drama _____
Creative Writing _____
Jazz Dance _____
Ballet _____
Interpretive Dance _____
Cheerleader Dance _____
Guitar _____
Violin _____
Voice _____
Piano; years _____
Photography(b & w) _____
Photography(digital) _____

Farm

Gardening _____
Animal Care _____

Art

Figure drawing__ Acrylics__
Watercolor__ Oil__
Sculpture__

Aquatics

Swimming lessons ____
Life-guarding____
Waterfront Management ____
Canoe__

Outdoor Life Skills

Hiking__ Outdoor Cooking __
Fire Building ____
Birding____
Ecology __
Astronomy__

Sports

Archery____
Volleyball ____
Mountainbiking __
Baseball/ Softball __
Soccer____

Cooking

Food Prep ____
Cooking____
Teaching cooking __

Camp Operation

Grounds __
Office __

Laundry__

Horseback Riding
Care __
Instruction __
Stable Management ____

Your signature attests that you have answered all questions honestly and accurately and agree to comply with the type of lifestyle indicated by camp and camp policies. Your signature also gives permission for the camp to check employment history, references, criminal record, National Sex Offender Public Website, and driving record. In the event of employment, I agree to abide by all rules and policies and to be in compliance with Camp Windhover's Drug/Tobacco /Alcohol-Free Workplace Policy.

Date _____ Signature _____

CONSENT FOR RELEASE OF EMPLOYEE INFORMATION

(PROTECTIVE SERVICES/CRIMINAL RECORD/MOTOR VEHICLE CHECK/CREDIT HISTORY REPORT)

Camp Windhover, 2092 Six Mile Road, Crystal Springs, MS 39059

I understand that Camp Windhover has a practice of requesting a background check which could include protective services, criminal record check, motor vehicle check, credit history report on prospective employees prior to contract confirmation. I hereby authorize Camp Windhover's Insurance Carrier to conduct a Motor Vehicle Records check and release that information to Camp Windhover. Other names records may be filed under: _____

Birth day: _____ Social Security Number _____ Driver's License Number _____ 7 state of issue _____

Please list location of residences for the past 5 years---school and home:

- | City | County | State | Zip | Area Code |
|------|--------|-------|-----|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

I hereby authorize the agency chosen by Camp Windhover to provide the requested information.

Name: _____

I hereby grant permission to authorize the above-mentioned checks and give permission to allow verification of any information given on my application. I understand that failure to provide accurate information may result in nullification of offer or termination. I understand that the information obtained will become part of my employment application.

Applicant Signature: _____ Date: _____