

For Office Use Only

2008

Please attach photo

__ Received: _____
__ Interview: _____
__ Contract Sent: _____
__ Contract Rec'd; _____

CAMP WINDHOVER

STAFF APPLICATION

2092 Six Mile Road
Crystal Springs, MS 39059
Phone: 601-892-3282
celia@campwindhover.com
www.campwindhover.com



Please TYPE or PRINT

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: _____ Spring Break Dates: _____

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/or 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? _____

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

Pottery _____
Weaving _____
Basketry _____

Fine and Performing Arts

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

Farm

Gardening _____
Animal Care _____

Studio Art

Figure drawing____
Acrylics _ ____
Watercolor ____
Oil ____
Sculpture____

Newspaper____
Photoshop____
Quark or Adobe Illustrator____

Aquatics

Swimming lessons ____
Life-guarding ____
Waterfront Management ____
Canoe ____

Outdoor Life Skills

Hiking ____
Outdoor Cooking ____
Fire Building ____
Camping ____
Ecology ____
Astronomy ____
Birding ____

Sports

Archery ____
Soccer ____
Volleyball ____
Basketball ____
Mountain Biking ____
Baseball/ Softball ____

Cooking

Food Prep ____
Cooking ____
Teaching cooking ____

Camp Operation

Grounds ____
Office ____
Laundry ____
Van Driver ____

Horseback Riding

Horse Care ____
Riding 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, 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: _____