

CAMP STAFF APPLICATION

Date of Application: _____

Applicant Name: _____

COMPLETE AND RETURN TO:

**HOLIDAY HILL DAY CAMP
HOLIDAY RECREATION CENTER, INC.
41 CHAFFEEVILLE RD
MANSFIELD, CT 06250**

Date of Birth _____ Social Security # _____ Staff Shirt Size: _____

Permanent Address: _____

_____ Phone 1: _____

Phone 2: _____ E-Mail Address: _____

School/Business

Address: _____

_____ Phone 1: _____

Phone 2: _____ E-Mail Address: _____

EDUCATION

Years (From-To)	School	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAST EMPLOYMENT

Dates: _____ **Position:** _____

Employer/Address: _____

Supervisor: _____ Phone: _____

Reason for leaving: _____

Dates: _____ **Position:** _____

Employer/Address: _____

Supervisor: _____ Phone: _____

Reason for leaving: _____

Dates: _____ **Position:** _____

Employer/Address: _____

Supervisor: _____ Phone: _____

Reason for leaving: _____

CAMP EXPERIENCE

Dates: _____ **Camp:** _____

Director: _____ Phone: _____

Address: _____

City/State/Zip: _____

Camper or Staff? Describe: _____

Dates: _____ **Camp:** _____

Director: _____ Phone: _____

Address: _____

City/State/Zip: _____

Camper or Staff? Describe: _____

Dates: _____ **Camp:** _____

Director: _____ Phone: _____

Address: _____

City/State/Zip: _____

Camper or Staff? Describe: _____

REFERENCES

Give names and addresses of three persons (not relatives) having knowledge of your character, experience and ability.

Name: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

Occupation: _____

Relationship to you: _____

Name: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

Occupation: _____

Relationship to you: _____

Name: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

Occupation: _____

Relationship to you: _____

What type of position do you seek at our camp?

Dates available: From _____ To _____

Do you drive? Yes _____ No _____ Do you hold a current Drivers License? Yes _____ No _____ State: _____

Drivers License #: _____

Do you have a Public Service License? Yes _____ No _____ Pub. Ser. Lic. #: _____

Please list any special certifications or qualifications you may currently hold:

What contributions do you think you can make at camp?

What contribution do you think a well-run camp can make to children?

Are there any reasons you may have difficulty in performing any of the essential elements of the job for which you have applied?

On a separate sheet, write a brief biographical sketch, including specialized training in camping and experience or training in other fields which might have a bearing on the position(s) for which you are applying.

Have you ever been convicted of any crime, including sex related or child abuse related offenses? Yes _____ No _____

Are you available for an interview at the camp? Yes _____ No _____

Best days/times for interview: _____

I authorize investigation of all statements herein, and for the camp and the camp's insurance company to process a Motor Vehicle Report on me, and to perform criminal background checks as required, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Signature of applicant:

Parent's signature of applicant under 18 years of age:

**CAMP STAFF APPLICATION
REFERENCE FORM**

Applicant Name:

Return Completed form to:
Holiday Hill Day Camp
Holiday Recreation Center, Inc.
41 Chaffeeville Rd
Mansfield, CT 06250
Tel: 860-423-1375 Fax: 860-456-2444
Email: dudley.hamlin@snet.net

The person named above has applied for a position on our summer youth camp staff and has given your name for reference purposes. Please complete this form in its entirety and provide any information that you think would be helpful to assess the appropriateness of the applicant. All information will be held in the strictest confidence. Return to the above address Attn: Camp Director. Thank you.

PLEASE CHECK THE APPROPRIATE COLUMN

	Excellent	Good	Average	Poor	Don't Know	Comments
Personality characteristics						
Emotional maturity						
Ability to work with people						
Social awareness, tact, friendliness						
Leadership qualities						
Initiative, imagination, resourcefulness						
Ability to guide and work with children						
Dependability						
Energy and endurance						
Responsibility						
Recreational/camping skills						
Communication skills						
Judgment						

Years you have known applicant: _____ Relationship to applicant: _____

What do you believe to be the applicant's strongest attributes and areas of expertise?

What about this candidate makes you believe s/he would make a good counselor and role model for young children?

Signature: _____ **Date:** _____
Address: _____ **Printed Name:** _____
 _____ **Home Phone:** _____
 _____ **Work Phone:** _____

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