



SUMMER CAMP STAFF APPLICATION

Name: _____

Age: _____ High School: _____

Date of Birth: _____

Address: _____

Email: _____

Phone: (H) _____ (C) _____

I am interested in procuring employment as a: (Please check all that apply.)

- teacher
- counselor
- junior counselor

Please check which sessions you will be available:

Summer Camp Schedule 2017

- | | |
|---|---|
| <input type="radio"/> Session 1: June 12- June 16 | <input type="radio"/> Session 6: July 17- July 21 |
| <input type="radio"/> Session 2: June 19- June 23 | <input type="radio"/> Session 7: July 24 - July 28 |
| <input type="radio"/> Session 3: June 26-June 30 | <input type="radio"/> Session 8: July 31- August 4 |
| <input type="radio"/> Session 4: July 3, 5, 6 & 7 - | <input type="radio"/> Session 9: August 7- August 11 |
| <input type="radio"/> Session 5: July 10-July 14 | <input type="radio"/> Session 10: August 14 - August 18 |

Please designate your shirt size below:

Youth size ___ XS ___ S ___ M ___ L ___ XL
 Adult size ___ XS ___ S ___ M ___ L ___ XL

Education

School Name

City/State

Degree/Major

Graduation Date

High School: _____

College: _____

Graduate School: _____

Previous Employment (Begin with most recent)

Name of Employer: _____

Dates of Employment: _____

Address: _____

Phone: _____

Position: _____ Name of Supervisor: _____

Name of Employer: _____

Dates of Employment: _____

Address: _____

Phone: _____

Position: _____ Name of Supervisor: _____

Name of Employer: _____

Dates of Employment: _____

Phone: _____

Position: _____ Name of Supervisor: _____

Related Experience (Farm, camp, or teaching experience. Begin with most recent.)

Employer: _____ Dates: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Employer: _____ Dates: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Criminal Background

Have you ever been convicted of a felony? Yes No

If yes, please state the nature of crime/s, when and where convicted and disposition of the case:

Special Certification

Do you currently hold any American Red Cross certifications? Yes No

(Please enter expiration dates in MM/DD/YY format:)

_____ EMT	_____ First Aid
_____ Life Guard	_____ CPR
_____ First Aid Responder	_____ Life Guard Instructor/Trainer

How would you describe your strengths and areas for improvement?

How might you resolve a dispute between two children?

Please read and sign:

I hereby attest to the accuracy of the information I have provided. I authorize the camp to investigate the statements herein, including background checks and work history and release Ballentine Farm, Inc. and all others from any associated liability. I waive my right to review references or recommendation, understanding that their contents are confidential and will not be available to me now or in the future. I understand submitting this application does not guarantee employment. I further understand that Ballentine Farm, Inc. cooperates with authorities to vigorously investigate and prosecute allegations of child abuse.

signature

date

Ballentine Farm is an equal opportunity employer. Requirements of employment are the same, without regard to race, color, religion, national origin, gender, sexual orientation, or disability.

