

GALES CREEK CAMP FOUNDATION FOR CHILDREN WITH DIABETES

6975 SW Sandburg Road #150 – Portland, OR 97223

Phone: 503.968.2267 Fax: 503.443.2313

CAMP STAFF APPLICATION

This is a Fillable PDF. Information may be saved into this form.

Date of Application: _____

Name: _____

Permanent Address: _____
Street and Number City State Zip

Phone: _____ Cell: _____ E-Mail: _____
Area Code & Number Area Code & Number

Dates Available: From: _____ to _____

What type of position do you want at camp? _____ Salary Desired: _____

Do you meet or exceed any minimum age requirements for that position? Yes No Don't Know Minimum Age

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation? Yes No

If you are hired, would you desire or need housing for any person(s) other than yourself at the camp? Yes No

Past Work History: Provide a full record of all employment, paid and volunteer, and explain any gaps in employment. Include any positions of camp staff. Use a separate sheet if necessary.

1. Start Date: _____ Termination Date: _____ Reason for Leaving: _____

Employer/Supervisor: _____

Address & Telephone Number: _____

Nature of Work: _____

2. Start Date: _____ Termination Date: _____ Reason for Leaving: _____

Employer/Supervisor: _____

Address & Telephone Number: _____

Nature of Work: _____

3. Start Date: _____ Termination Date: _____ Reason for Leaving: _____

Employer/Supervisor: _____

Address & Telephone Number: _____

Nature of Work: _____

Indicate any employer you **do not** wish us to contact and the reason:

References: Provide names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits and ability.

Name:	Address including city, state, zip:	Telephone No.:
1.		
2.		
3.		

Camp Experience:

Dates:	Camp and Name of Director:	Telephone No.:	Camper or Staff?
Start:			
End:			
Start:			
End:			

Education: High School and Beyond

Years:	School:	Major Subjects:	Degree Granted:

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

Camp Program Skills: In the following list, put a “T” *before* those activities you can organize and teach as an expert and an “A” *before* those activities in which you can assist. Put a “C” *after* those in which you have current certification.

Arts/Crafts:	Sport/Fitness:	Miscellaneous:
Ceramics/Pottery Drawing/Painting Leather Craft Photography Clay Knitting/Crocheting Other: _____	Aerobics/Exercise Baseball/Softball Basketball Football Gymnastics Hockey/ (Ice/In-line) Informal Games Soccer Tennis Volleyball Other: _____	Aviation Foreign Language Leadership/CIT Radio/TV/Video Storytelling Teambuilding CPR First Aid Bee Sting Treatment Other: _____
Campcraft:	Dance: (List)	Drama:
Hiking Orienteering Campfire Programs Camp Songs		Clowning Theater Carnivals
Water Activities:	Music:	
Swimming Certification Swim Instruction	Signing Instruments (List)	

What contribution do you think you can make at camp?

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

Harassment: The camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: A prior accusation or conviction is not an automatic bar to employment. The type of conviction or accusation and when it occurred will be evaluated by the camp before any decision is made.) Yes No

If "yes" explain:

Smoking Policy: Gales Creek Camp has been designated a smoke-free children's camp by the Board of Directors to demonstrate healthy life styles to children with diabetes and to protect our fragile forest environment. Smoking or use of any tobacco product is not allowed on or near camp property, including roadways into and out of camp.

If this creates a problem for you, please DO NOT apply for a staff position. Your employment will be terminated should you be found to have tobacco products at camp.

I authorize investigation of all statements herein, including any checks of criminal records 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 unless there is an agreement or law which alters that status.

Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

I understand that all statements become part of any future employee personnel file.

Signature: _____

Date: _____