

**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 COUNSELOR AND SUPPORT STAFF POSITIONS**

(Please print or type)

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street and Number City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

What contribution do you think you can make at camp? \_\_\_\_\_

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

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**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: \_\_\_\_\_