

# Camp Staff Application Form FM 10N

Developed by American Camp Association  
Expires 10/01/07

Return to:

(Please type or print.)

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

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

Permanent Address \_\_\_\_\_  
Street & Number City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Area & Number Area & Number

School or Business Address \_\_\_\_\_  
Street & Number City State Zip

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Area & Number Area & 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?  Don't know minimum age  Yes  No

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 on camp staff. Use a separate sheet, if necessary.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

Indicate any employer you **do not** wish us to contact, and the reason \_\_\_\_\_

This form has been drafted to comply with federal employment laws; however, ACA assumes no responsibility or liability for the use of this form.

**References** Give names and addresses of three persons [not relatives] having knowledge of your character, experience, work habits, and ability.

Name	Address & City	Phone

**Camp Experience**

Dates	Camp & Director	Location	Camper or Staff?

**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 which might have a bearing on the position(s) for which you are applying. Attach a separate sheet if necessary.

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**Camp Program Skills** In the following list, put a "T" before those activities you can organize and teach as an expert, and an "A" for those activities in which you can assist. Put a "C" after those in which you have *current* certification and attach a copy of your certification.

**Adventure/Challenge**

- \_\_\_\_\_ challenge/ropes course
- \_\_\_\_\_ climbing/rappelling
- \_\_\_\_\_ spelunking/caving
- \_\_\_\_\_

**Arts/Crafts**

- \_\_\_\_\_ ceramics/pottery
- \_\_\_\_\_ drawing/painting
- \_\_\_\_\_ leather craft
- \_\_\_\_\_ metal work
- \_\_\_\_\_ photography
- \_\_\_\_\_ woodworking
- \_\_\_\_\_
- \_\_\_\_\_

**Campcraft/Pioneering**

- \_\_\_\_\_ backpacking
- \_\_\_\_\_ campcraft
- \_\_\_\_\_ hiking
- \_\_\_\_\_ orienteering
- \_\_\_\_\_ outdoor cooking
- \_\_\_\_\_ outdoor living skills
- \_\_\_\_\_ overnights
- \_\_\_\_\_ wilderness trips
- \_\_\_\_\_
- \_\_\_\_\_

**Dance (list)**

- \_\_\_\_\_
- \_\_\_\_\_

**Drama**

- \_\_\_\_\_ clowning
- \_\_\_\_\_ theater
- \_\_\_\_\_

**Music**

- \_\_\_\_\_ singing
- \_\_\_\_\_ instrument (list)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Nature**

- \_\_\_\_\_ animals/animal care
- \_\_\_\_\_ astronomy
- \_\_\_\_\_ birds
- \_\_\_\_\_ environmental studies
- \_\_\_\_\_ flowers
- \_\_\_\_\_ forestry
- \_\_\_\_\_ insects
- \_\_\_\_\_ rocks/minerals
- \_\_\_\_\_ weather
- \_\_\_\_\_

**Sports/Fitness**

- \_\_\_\_\_ aerobics/exercise
- \_\_\_\_\_ archery
- \_\_\_\_\_ baseball/softball
- \_\_\_\_\_ basketball
- \_\_\_\_\_ bicycling/biking
- \_\_\_\_\_ boxing
- \_\_\_\_\_ fencing
- \_\_\_\_\_ fishing
- \_\_\_\_\_ football
- \_\_\_\_\_ golf
- \_\_\_\_\_ gymnastics
- \_\_\_\_\_ hockey (ice/in-line)
- \_\_\_\_\_ horseback riding (English)
- \_\_\_\_\_ horseback riding (Western)
- \_\_\_\_\_ informal games
- \_\_\_\_\_ martial arts
- \_\_\_\_\_ riflery
- \_\_\_\_\_ skating (ice, roller, in-line)
- \_\_\_\_\_ soccer
- \_\_\_\_\_ snow sports (list)
- \_\_\_\_\_
- \_\_\_\_\_ tennis
- \_\_\_\_\_ track/field
- \_\_\_\_\_ volleyball
- \_\_\_\_\_ wrestling
- \_\_\_\_\_

**Waterfront Activities**

- \_\_\_\_\_ board sailing/wind surfing
- \_\_\_\_\_ canoeing
- \_\_\_\_\_ diving
- \_\_\_\_\_ kayaking
- \_\_\_\_\_ rafting
- \_\_\_\_\_ rowing
- \_\_\_\_\_ sailing
- \_\_\_\_\_ SCUBA
- \_\_\_\_\_ swimming
- \_\_\_\_\_ synchronized swimming
- \_\_\_\_\_ water skiing
- \_\_\_\_\_

**Miscellaneous**

- \_\_\_\_\_ academics
- \_\_\_\_\_ aviation
- \_\_\_\_\_ community service
- \_\_\_\_\_ farming/ranching/gardening
- \_\_\_\_\_ foreign language
- \_\_\_\_\_ leadership development/CIT
- \_\_\_\_\_ radio/TV/video
- \_\_\_\_\_ storytelling
- \_\_\_\_\_ team building
- \_\_\_\_\_ worship services/religious studies
- \_\_\_\_\_
- \_\_\_\_\_

**Certifications and Camp Support Staff Skills** In the following list, please check those items in which you have experience and skills. Mark with a "C" those for which you hold current certification and attach a copy of your certification.

**Business/Administration**

- \_\_\_\_\_ bookkeeping/accounting
- \_\_\_\_\_ computer/technical
- \_\_\_\_\_ computer/software (list)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Health/Safety**

- \_\_\_\_\_ CPR
- \_\_\_\_\_ first aid
- \_\_\_\_\_ lifeguard
- \_\_\_\_\_ nursing
- \_\_\_\_\_
- \_\_\_\_\_

**Maintenance**

- \_\_\_\_\_ auto mechanics
- \_\_\_\_\_ carpentry
- \_\_\_\_\_ electrical
- \_\_\_\_\_ plumbing
- \_\_\_\_\_
- \_\_\_\_\_

**Food Service**

- \_\_\_\_\_ cooking/meal preparation
- \_\_\_\_\_ Food Handler's Permit/Certification
- \_\_\_\_\_ menu planning
- \_\_\_\_\_ purchasing
- \_\_\_\_\_ sanitation
- \_\_\_\_\_

Answer these questions *only* if applying for a position requiring driving

Do you have a valid driver's license?  Yes  No State \_\_\_\_\_

Do you have current chauffeur's-type license?  Yes  No

Do you have a commercial driver's license?  Yes  No

What contributions 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 is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the camp before any decision is made.)  Yes  No

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal Record** Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.)  Yes  No

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Health History Form for Children, Youth and Adults Attending Camps FM 11

**Suggested for Day Camp Use**

Developed and approved by  
American Camp Association  
with the American Academy of Pediatrics  
Expires 10/01/07

Dates of Camp Attendance \_\_\_\_\_

Mail this form to the address below by \_\_\_\_\_ (date)

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon

participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Year

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social security number of participant \_\_\_\_\_ Gender:  Male  Female

Custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_  
Street Address City State Zip

Business address \_\_\_\_\_  
Street Address City State Zip Phone \_\_\_\_\_

Second parent or guardian or emergency contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address City State Zip

Business address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address City State Zip

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

### Insurance Information

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

► Photocopy of front and back of health insurance card must be attached to this form.

### Important — These boxes must be complete for attendance\*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

*\*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

**ALLERGIES** List all known. Describe reaction and management of the reaction.

**Medication allergies** (list)

\_\_\_\_\_

**Food allergies** (list)

\_\_\_\_\_

**Other allergies** (list) — include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

Session or Group

Name



**Voluntary Disclosure Statement**  
**All Camp Staff** **FM 16**

Developed and approved by the  
American Camp Association  
Expires 10/01/07

Mail this form to the address below by \_\_\_\_\_ (date)

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?  Yes  No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain: (Use a separate sheet, if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  Yes  No

If yes, please explain:

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I understand that:

- a. The camp may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d. This disclosure statement must be updated yearly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_