

For Office Use Only

- Received: _____
- References:
- Background Check
- Interview: _____
- Contract Sent: _____
- Contract Rec'd: _____
- Guidelines

Staff Application

CAMP ILLAHEE

(Founded 1921)
 Summer Camp for Girls
 500 Illahee RD • Brevard NC • 28712
Phone: (828) 883-2181
Fax: (828) 883-8738
Email: staff@campillahee.com
Website: www.campillahee.com

**Photo
Requested**

Please Type or Print

Date: _____

Name: _____

PERMANENT/HOME ADDRESS

PRESENT ADDRESS (Until: _____)

Street _____

Street _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone () _____ Cell () _____

Phone () _____ Cell () _____

Email _____

Email _____

Age _____ Date of Birth _____

Social Security # _____

Driver's License # _____ State _____

Religious Faith _____ Active? Yes No

How did you hear about Illahee? _____

If internet, list search engine and search string (i.e. "NC girls camp"): _____

EDUCATION

| | | | |
|--------------------------|-------|-----|--------------------------|
| College (or High School) | Major | GPA | Year in School or Degree |
|--------------------------|-------|-----|--------------------------|

Career Goal _____

Camp Experience

| Camp | Camper or Staff? | Director | Address | Dates |
|------|------------------|----------|---------|-------|
| | | | | |
| | | | | |

Camp dates, including pre-camp orientation are from June 1st - August 14th, 2009. Are you available for the entire season? Yes No If not, what dates are you available? _____

Are you available to come to camp for an interview? Yes No When? _____

EMPLOYMENT EXPERIENCE (list most recent first, use additional paper if necessary)

Type of Work _____ Employer _____ Supervisor _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____ Inclusive Dates _____

Type of Work _____ Employer _____ Supervisor _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____ Inclusive Dates _____

Type of Work _____ Employer _____ Supervisor _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____ Inclusive Dates _____

Have you ever been terminated from employment? Yes No If yes, please explain: _____

REFERENCES Please list 3 people (other than listed employers) who can make a statement regarding your current work experience, character, and ability. Do not include relatives. Give **complete mailing address** and **phone number** as these references will be checked by mail or phone.

Name _____ Position/Relationship to you _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____

Name _____ Position/Relationship to you _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____

Name _____ Position/Relationship to you _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____

HEALTH INFORMATION

Please list any special conditions, problems, or limitations, including physical or mental impairments, that might interfere with your ability to perform the job for which you are applying: _____

Have you ever suffered a nervous breakdown, depression, or other mental disorders? Yes No (If yes, please explain) _____

Are you under the care of a healthcare professional, doctor, or counselor for physical or mental problems?

Yes No (If yes, please explain) _____

Camp Illahee cannot employ a person using drugs, unless this medication is prescribed by a physician. Please describe any prescribed medications you are currently using and purpose: _____

SKILLS Listed below are most of the activities offered to campers at Illahee. Please check in the appropriate column those activities you can organize and TEACH as a qualified leader and those in which you can assist another instructor. (You do not have to mark every choice.)

| | | |
|--------------------------------|-------|--------|
| SWIMMING | Teach | Assist |
| a. instructional | _____ | _____ |
| b. diving | _____ | _____ |
| c. synchronized | _____ | _____ |
| Date of lifeguard training | _____ | |
| Date of American Red Cross WSI | _____ | |

| | | |
|----------------------------|-------|--------|
| HORSEBACK RIDING | Teach | Assist |
| a. beginner (balance seat) | _____ | _____ |
| b. saddle seat | _____ | _____ |
| c. hunt seat | _____ | _____ |
| d. western or pleasure | _____ | _____ |
| e. jumping | _____ | _____ |
| f. vaulting | _____ | _____ |
| Have you ever shown? | _____ | |

| | | |
|---------------------|-------|--------|
| MARKSMANSHIP | Teach | Assist |
| a. archery | _____ | _____ |
| b. riflery | _____ | _____ |

| | | |
|---|-------|--------|
| CANOEING/KAYAKING | Teach | Assist |
| a. lake/river canoeing | _____ | _____ |
| b. lake kayaking | _____ | _____ |
| c. whitewater kayaking | _____ | _____ |
| d. ACA certification? Canoe or Kayak? Date: | _____ | |

| | | |
|----------------------------|-------|--------|
| ROCK CLIMBING | Teach | Assist |
| a. indoor wall climbing | _____ | _____ |
| b. rock site management | _____ | _____ |
| c. lead climbing | _____ | _____ |
| d. ropes course management | _____ | _____ |

| | | |
|--------------------------|-------|--------|
| TRIPS | Teach | Assist |
| a. backpacking | _____ | _____ |
| b. orienteering | _____ | _____ |
| c. first aid instruction | _____ | _____ |
| d. camping skills | _____ | _____ |

| | | |
|-----------------------------|-------|--------|
| MUSIC | Teach | Assist |
| a. lead large group singing | _____ | _____ |
| b. instruments (list) | _____ | _____ |

| | | |
|----------------|-------|--------|
| DANCE | Teach | Assist |
| a. modern/jazz | _____ | _____ |

| | | |
|----------------------------|-------|--------|
| GYMNASTICS/AEROBICS | Teach | Assist |
| a. floor/tumbling | _____ | _____ |
| b. balance beam | _____ | _____ |
| c. aerobics | _____ | _____ |
| Other | _____ | |

| | | |
|---------------------------------|-------|--------|
| LAND SPORTS | Teach | Assist |
| a. basketball | _____ | _____ |
| b. field hockey | _____ | _____ |
| c. lacrosse | _____ | _____ |
| d. soccer | _____ | _____ |
| e. team sports (volleyball,...) | _____ | _____ |
| f. tennis (beg, intermediate) | _____ | _____ |
| g. tennis (advanced) | _____ | _____ |

| | | |
|----------------------------|-------|--------|
| ARTS AND CRAFTS | Teach | Assist |
| a. basketry | _____ | _____ |
| b. ceramics (handbuilding) | _____ | _____ |
| c. ceramics (wheel) | _____ | _____ |
| d. painting/sketching | _____ | _____ |
| e. woodworking | _____ | _____ |

| | | |
|-------------------------------|-------|--------|
| NATURE | Teach | Assist |
| a. nature/environmental study | _____ | _____ |
| b. farm animal care | _____ | _____ |

| | | |
|-------------------------------|-------|--------|
| FIBER ART | Teach | Assist |
| a. handweaving (without loom) | _____ | _____ |
| b. table/floor looms | _____ | _____ |
| c. needlecraft | _____ | _____ |

| | | |
|-------------------|-------|--------|
| DRAMATICS | Teach | Assist |
| a. improvisation | _____ | _____ |
| b. plays (direct) | _____ | _____ |
| c. puppetry | _____ | _____ |

| | | |
|--|-------|-------|
| OTHER | | |
| a. babysitting staff member's young children | _____ | _____ |
| b. food service (assisting preparation of and serving meals) | _____ | _____ |
| c. cooking class | _____ | _____ |

Of the above activities, please list the three in which you are most skilled. Be sure to include all awards you have earned and any teaching experience connected with these skills.

Skill 1 _____

Skill 2 _____

Skill 3 _____

Most activity counselors are also cabin counselors. Are you applying to be a cabin counselor? Yes No
Please check age preference for cabin counselor:
 7-9 10-12 13-15 no preference

YOUR PERSONALITY

Rate yourself on the following qualities: (1 to 10) 10 = Excellent, 1 = Poor

Patience _____ Energy _____ Flexibility _____ Motivation _____ Initiative _____

Positive Attitude _____ Leadership _____ High Morals _____ Self Esteem _____

What personal characteristics would you like to improve? _____

What do you imagine will be your greatest difficulty at camp? _____

Why should a camp director choose you as a staff member? _____

AUTOBIOGRAPHICAL ESSAY (Please include a separate sheet)

1. What about you (family, education, social, religious, etc.) and your experiences would make you a great counselor?
2. In what extracurricular activities are you currently involved? How will these help in your role as a counselor?
3. Please provide details and dates of any previous experience working with children.

IMPORTANT GUIDELINES FOR ILLAHEE COUNSELORS

Smoking: Smoking is not permitted on camp property. Can you adhere to this policy? Yes No

Illegal drugs: The use of any controlled substance is absolutely prohibited while you are a staff member at Illahee. Can you adhere to this policy? Yes No

Alcohol: Consumption of alcoholic beverages by minors (under 21) while employed by Camp Illahee is prohibited and would jeopardize employment. Absolutely NO alcoholic beverages may be brought into camp and no one may return to camp under the influence. Can you adhere to this policy? Yes No

Misc: Visible body piercings (other than ears), tattoos, and extreme hair coloring/cutting are not permitted during the camp season. Can you adhere to this policy? Yes No

Do you smoke? Yes No Occasionally

Do you consume alcoholic beverages? Daily Weekly Seldom Never

Describe location of any piercings or tattoos: _____

Have you ever been convicted of a felony or been accused of or convicted of sexual or physical abuse of a minor?

Yes No If so, provide date and circumstances on a separate sheet.

As a counselor, you will be giving up a great deal of privacy and comfort, working long and demanding hours, adhering to camp policies which may be limiting (curfews, time on, time off, lack of privacy, no smoking, no drinking alcohol, etc.) Can you comply with these policies? Yes No

I authorize investigation of all statements herein 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 _____ Date _____

Camp Illahee is an equal opportunity employer and does not discriminate on the basis of race, color, sex, religion, disability, national or ethnic origin.

CONSENT FOR RELEASE OF EMPLOYEE INFORMATION
(PROTECTIVE SERVICES · CRIMINAL RECORD · MOTOR VEHICLE CHECK · CREDIT HISTORY REPORT)

Camp Illahee
500 Illahee RD
Brevard, NC 28712

Name: _____ Social Security #: _____ - _____ - _____

Other names records may be filed under: _____

Date of Birth: _____

I understand that Camp Illahee has a practice of requesting a background check which could include protective services / criminal record check / motor vehicle check / credit history report on prospective employees prior to contract confirmation.

I hereby authorize the agency chosen by Camp Illahee to provide the requested information.
Please list location of residences for the past 10 years - - - school and home counties:

1) City/State: _____ County: _____

Zip Code: _____ Area Code: _____

2) City/State: _____ County: _____

Zip Code: _____ Area Code: _____

3) City/State: _____ County: _____

Zip Code: _____ Area Code: _____

4) City/State: _____ County: _____

Zip Code: _____ Area Code: _____

5) City/State: _____ County: _____

Zip Code: _____ Area Code: _____

6) City/State: _____ County: _____

Zip Code: _____ Area Code: _____

I hereby authorize Camp Illahee's Insurance Carrier to conduct a Motor Vehicle Records check and release that information to Camp Illahee.

Driver's License Number: _____ State of Issue: _____

Name as appears on License: _____

I hereby grant permission to authorize the above-mentioned checks and give permission to allow verification of any information given on my application. I understand that failure to provide accurate information may result in nullification of offer or termination. I understand that the information obtained will become part of my employment application. I understand that I may be requested to submit to drug and alcohol testing during my employment.

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____

***Please return this completed form along with your application...thanks!**