



Camp AmeriKids, Inc.
88 Hamilton Avenue • Stamford, CT 06902
Phone (203) 658-9500 • FAX (203) 658-9615

2010 NEW STAFF APPLICATION

Today's Date _____

GENERAL INFORMATION

Full Name: _____ Gender: _____

Permanent Address: _____

Permanent Phone: _____ Email: _____

Mobile Phone: _____ School or Work Email: _____

School or Present Address: _____

School or Present Phone: _____

Present Address Valid Through: _____

Date of Birth: _____ Age: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Relation: _____

Have you worked at Camp AmeriKids before? Yes No

If yes, when and in what capacity? _____

If not, how did you hear about Camp AmeriKids? _____

List any languages you speak in addition to English. Please include ASL (American Sign Language if applicable): _____

What is your tee shirt size? small medium large extra large

WHAT CAMP SESSION(S) WOULD YOU LIKE TO PARTICIPATE IN?

Note: Orientation starts at 9am. Please plan to arrive the evening before.

- Session 1 (July 22 – July 29) Session 2 (August 1 – August 8)
 Either Both

EDUCATION

High School (name): _____

College/University (name): _____

Other Education: _____

Field of Study: _____

Degree Completed: _____

EMPLOYMENT HISTORY

Present/Most Recent Employer: _____

Supervisor's Name: _____

Address: _____

Telephone: _____ Dates of Employment: _____

Your Position: _____

REFERENCES

The recommendations and comments provided by your references will be included in your Camp AmeriKids record and kept confidential. All three references must be received in order for your application to be processed. (Please see the last pages of this application for reference forms.) **Instructions: Please print out the included reference forms and fill out the top sections, then have your references fill out the bottom portions. We require two professional/academic references and one personal reference. These must be returned to Camp AmeriKids BY the reference.**

Reference 1: _____

Relationship: _____

Phone: _____ Email: _____

Reference 2: _____

Relationship: _____

Phone: _____ Email: _____

Reference 3: _____

Relationship: _____

Phone: _____ Email: _____

SHORT QUESTIONS

Please thoughtfully consider and answer the following questions on a separate sheet.

1. Camp AmeriKids requires a generous time commitment (7 days in total including orientation). What motivates you to volunteer with us this summer?
2. If selected, what do you look forward to the most? What do you hope/expect to gain from your time at Camp AmeriKids?
3. What experiences have helped you prepare for this volunteer position? Please include any experiences you have had working with children.
4. Volunteers are role models for the children at camp. What characteristics do you possess that qualify you for this position?
5. Camp is a very high energy place and can be emotionally challenging. It is important that volunteers are self-aware and understand how to take care of themselves in an often intense environment. How would describe your mental health at this time?
6. What are some of the current stressors in your life?
7. Although we have structured activities each day, counselors and other staff members are often asked to lead activities during cabin downtime. What is an activity you could facilitate with 16 restless campers?
8. What is your favorite childhood memory? What is the best part of being a kid?

APPLICANT RELEASE & AUTHORIZATION

I, _____, hereby authorize Camp AmeriKids, Inc.
(Please clearly print first & last name.)

to obtain information pertaining to any charges filed or convictions obtained against me for violations of federal and/or state/province criminal law. This investigation will include, but not be limited to, allegations of and convictions for criminal acts (felonies or misdemeanors), and will be gathered from any law enforcement agency of this or any state or federal government to the extent permitted by state/province and federal law.

Name: _____ Alias/Maiden Name: _____

Date of Birth: _____ Place of Birth: _____

Nationality/Citizenship: _____

Mother's Maiden Name (New Zealand /Australia applicants only): _____

Social Security Number: _____ - _____ - _____ (US applicants only)

Driver's License Number: _____ State: _____

Please provide 7 years of residential history:

Current Address: _____ Date From: _____

City, State/Province & Zip: _____ To: _____

Previous Address (1): _____ Date From: _____

City, State/Province & Zip: _____ To: _____

Previous Address (2): _____ Date From: _____

City, State/Province & Zip: _____ To: _____

Additional Information

Have you ever had any licenses, certificates (driver's, professional) or employment revoked, suspended, terminated, or adversely affected? Yes No

If yes, please explain: _____

Have you ever been convicted of, or are you under investigation for a crime, felony, misdemeanor or any matter related to child abuse, sexual misconduct, violence and/or possession or use of illegal drugs or alcohol? Yes No

If yes, please attach a full description including dates and circumstances.

**** The above statements are true and complete to the best of my knowledge. ****

Signature _____ **Date** _____



APPLICANT'S CERTIFICATION & AGREEMENT

Please read carefully and sign below. Thank you for applying to Camp AmeriKids!

- * The statements made on this application are true and complete to the best of my knowledge.
- * Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination of a volunteer contract with Camp AmeriKids.
- * The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.
- * Upon the offer of a volunteer or staff position at Camp AmeriKids, I understand that I must supply the camp with an **updated medical evaluation**, to be completed by my physician and received by camp prior to the start of my volunteer session.
- * I agree to attend the required **orientation** program and will abide by the policies and rules established by Camp AmeriKids. I further agree that failure to abide by the policies and rules established may result in the termination of my participation in the camp program.
- * I understand that by accepting a volunteer position with Camp AmeriKids I am making a **commitment** to the staff and to the children who are relying on my presence and participation in the program.

Signature _____ Date _____

All information will remain confidential.

Please return applications to:

Camp AmeriKids • 88 Hamilton Avenue • Stamford, CT 06902 • Fax (203) 658-9615

***** PROFESSIONAL/ACADEMIC REFERENCE # 1 *****

TO BE COMPLETED BY APPLICANT: Please provide two professional references, such as an employer, educator, and/or professional who can give the most accurate account of the worker you are and any relevant experience you possess.

I, _____, authorize _____
(Applicant's Name, Please Print) (Reference's Name, Please Print)

to supply verification of the information provided in my application, as well as evaluation of prior performances, and I release them from all liability in doing so.

Applicant's Signature _____ **Date** _____

Position applied for: General Counselor Psycho-Social Support Operations Medical Program Staff

TO BE COMPLETED BY REFERENCE: The above listed person is applying for a volunteer position at Camp AmeriKids, a residential summer program for children. The applicant will be responsible, along with a small team of counselors and medical staff, for the 24 hour support and supervision of children ages 7-15. Please consider this when responding. For more information about the program, you can visit our website: www.campamerikids.org. Please call with any questions/concerns you may have (203) 658-9500. All reference forms will be kept confidential as part of the applicant's record.

Reference's Organization: _____ Position: _____

Address: _____

Relationship to Applicant: _____ How long have you known the applicant? _____

U Unable to Evaluate	1 Strongly Disagree	2 Somewhat Disagree	3 Somewhat Agree	4 Strongly Agree
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The above named person is:

Dependable	U	1	2	3	4
Prepared for activities	U	1	2	3	4
Punctual	U	1	2	3	4
Able to work long hours	U	1	2	3	4
Able to maintain a positive attitude under stress	U	1	2	3	4
Creative	U	1	2	3	4
Able to communicate effectively	U	1	2	3	4
Patient	U	1	2	3	4
Able to maintain confidentiality	U	1	2	3	4
Able to relate well to people from diverse backgrounds	U	1	2	3	4
Able to maintain a safe environment	U	1	2	3	4
Approachable, friendly, and pleasant	U	1	2	3	4
Able to give & receive constructive feedback	U	1	2	3	4
Open to new ideas, changes in routine, variations	U	1	2	3	4
Honest	U	1	2	3	4

Please explain areas for improvement that scored 2 or below: _____

Is there any reason why this applicant should not be considered for this position? Yes No

Why or why not? _____

Additional Comments: _____

*** Please feel free to include additional comments regarding the applicant on the back of this form. ***

All forms must be returned directly to Camp AmeriKids by the reference. Please fax them to (203) 658-9615 or mail to:

**Camp AmeriKids
 Attn. Staff Recruiting
 88 Hamilton Avenue
 Stamford, CT 06902**

***** PROFESSIONAL/ACADEMIC REFERENCE # 2 *****

TO BE COMPLETED BY APPLICANT: Please provide two professional references, such as an employer, educator, and/or professional who can give the most accurate account of the worker you are and any relevant experience you possess.

I, _____, authorize _____
 (Applicant's Name, Please Print) (Reference's Name, Please Print)

to supply verification of the information provided in my application, as well as evaluation of prior performances, and I release them from all liability in doing so.

Applicant's Signature _____ **Date** _____

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Able to communicate effectively	U	1	2	3	4
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Able to maintain confidentiality	U	1	2	3	4
Able to relate well to people from diverse backgrounds	U	1	2	3	4
Able to maintain a safe environment	U	1	2	3	4
Approachable, friendly, pleasant	U	1	2	3	4
Able to give & receive constructive feedback	U	1	2	3	4
Open to new ideas, changes in routine, variations	U	1	2	3	4
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