



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

## 2010 RETURNING STAFF APPLICATION

*\*If you have not attended camp in the last two summers, please fill out the New Staff Application. \**

Today's date: \_\_\_\_\_

### GENERAL INFORMATION

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Other phone number: \_\_\_\_\_ Home  Work

Address: \_\_\_\_\_

\_\_\_\_\_

Valid through: \_\_\_\_\_

### In case of emergency, who should we contact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary phone #: \_\_\_\_\_

Secondary phone #: \_\_\_\_\_

### Do you speak any languages in addition to English? If so, which one(s)?

\_\_\_\_\_

Are you fluent in ASL (American Sign Language?)  Yes  No

### Requested tee shirt size:

small  medium  large  extra large

What color do you think the next camp tee shirt should be? \_\_\_\_\_

**What camp session(s) would you like to participate in?**

*(Dates include all-staff orientation, Group Leaders and Wellness must arrive by 6pm the evening before orientation begins.)*

- Session I (July 22<sup>nd</sup> – July 29<sup>th</sup>)       Session II (August 1<sup>st</sup> – August 8<sup>th</sup>)
- I can do either       Sign me up for both!!

**Where would you like to work at camp?** (Feel free to mark more than one!)

*We will do our very best to place you where you want to be, and appreciate your flexibility if we are unable to.*

- Fox       Coyote       Hawk       Bat       With any boy cabin
- Chipmunk       Raccoon       Owl       Frog       With any girl cabin
- Anywhere in Lower Camp       Anywhere in Upper Camp

Wellness, I prefer to work with the following cabin(s): \_\_\_\_\_

**Please include a copy of your license or certification (MSW, psychologist, school guidance counselor, etc.)**

Operations

Program Staff, please tell us which Program Area: \_\_\_\_\_  
(Arts & Crafts, Drama, Dance, Sports, Spoken Word, Video Production, Music/Singing, Nature, Etc.)

Medical, I am a:     MD     RN     Nurse Practitioner     Nurse Practitioner student

Other (?): \_\_\_\_\_

**\*\* If you have any licenses (CPR, First Aid, Lifeguard, High Ropes Facilitator, etc.) please include a copy with your application!! \*\***

**CHECKING IN AND FEEDBACK**

We miss you. How are you? \_\_\_\_\_

What are some of the current stressors in your life? \_\_\_\_\_

Any good news you want to share with us? \_\_\_\_\_

Based on your previous experience at camp, what is one thing you plan to do differently this summer? \_\_\_\_\_

Please give us some feedback on the new site, and things we can do to make camp an *even better* experience for everyone:

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We should have more \_\_\_\_\_ at Camp.

We should have less \_\_\_\_\_ at Camp.

Optional: Please draw a self-portrait



You are coming back to volunteer at Camp AmeriKids because... \_\_\_\_\_

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**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 (Australia/New Zealand 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 volunteer contract.
- \* 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 fully participate in 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.

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

**All information will remain confidential.**

**Please return applications to:**

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