



Camp AmeriKids • 88 Hamilton Avenue • Stamford, CT 06902 • Phone (203) 658-9671 • FAX (203) 658-9615

## **2012 NEW STAFF APPLICATION**

### **GENERAL INFORMATION**

Today's Date \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Permanent Phone: \_\_\_\_\_ Primary 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 size tee shirt do you prefer?  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 (Tues. July 31 – Tues. August 7)       Session 2 (Sat. August 11- Sat. August 18)  
 Either       Both



**EDUCATION**

High School (name):

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College/University (name):

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Other Education:

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Field of Study:

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Degree Completed:

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**EMPLOYMENT HISTORY**

Present/Most Recent Employer:

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Supervisor's Name:

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

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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 (8 days in total including orientation and closing day). 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? How do you manage them?
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 do you think 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 a **current 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](http://www.campamerikids.org). Please call with any questions/concerns you may have (203) 658-9671. 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, 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** \_\_\_\_\_

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

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Reference's Organization: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

<b>U</b> Unable to Evaluate	<b>1</b> Strongly Disagree	<b>2</b> Somewhat Disagree	<b>3</b> Somewhat Agree	<b>4</b> Strongly Agree
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**The above named person is:**

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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, 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. \*\*\*

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