



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

2012 RETURNING STAFF APPLICATION

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

GENERAL INFORMATION

Today's Date: _____

Name: _____

Email Address: _____

Mobile Phone Number: _____

Other Phone Number: _____ Home Work

Mailing Address: _____

Valid Through: _____

In case of emergency, whom 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 camp session(s) would you like to participate in?

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

- Session I (Tues. July 31 – Tues. August 7) Session II (Sat. August 11 – Sat. August 18)
 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.

- Cabin Counselor:
- 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): _____
- My personal or professional qualifications include: _____
- _____
- _____

- 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 or certifications (RN, MSW, Psychologist, School Guidance Counselor, 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 other thing you plan to do differently this summer, aside from sleep more :)?

We are expanding our staff guide, what is something additional you'd like to see covered:

Who is someone you know that would be great at camp this summer?

Why would he/she be great at camp? _____

Can we send them an email & application? Yes No

Email address of new awesome person: _____

My favorite camp memory last summer was... _____

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 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 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:

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