



CAMP STAFF APPLICATION CAMP DARK WATERS

P.O. BOX 263
MEDFORD, NJ 08055
(609) 654-8846

Name _____ Social Security Number _____ - _____ - _____ Date _____
Permanent Address _____ City _____ State _____ Zip _____
School Address _____ City _____ State _____ Zip _____
Home Phone(_____) _____ School Phone(_____) _____ Email _____
Sex _____ Are you currently over the age of 18 _____ if not, when do you turn 18 _____

EDUCATION

High School Name _____ Date of Graduation _____
College Name _____ Major _____ Date of Graduation _____

PREVIOUS CAMP EXPERIENCES

Name of Camp _____ Year(s) attended _____ Camper or Staff _____
Name of Camp _____ Year(s) attended _____ Camper or Staff _____
Name of Camp _____ Year(s) attended _____ Camper or Staff _____
Name of Camp _____ Year(s) attended _____ Camper or Staff _____

OTHER WORK EXPERIENCES

1. Company Name _____ Employed from _____ To _____ Position _____
Name of Supervisor _____ Phone Number _____
2. Company Name _____ Employed from _____ To _____ Position _____
Name of Supervisor _____ Phone Number _____
3. Company Name _____ Employed from _____ To _____ Position _____
Name of Supervisor _____ Phone Number _____

WHAT POSITION(S) ARE YOU APPLYING FOR AT CAMP? (Please Circle) Boy's Counselor, Girl's Counselor, Assistant Cook, Head Cook, Driver, Administrative Assistant, Maintenance Waterfront Director, Assistant Director, Other _____

If you are applying for a counselor position, what age group do you think you would prefer to work with? Please rank the following groups 1-5 (1 is the highest) __ 7-8 year olds, __ 9-10 year olds, __ 11-12 year olds, __ 13-14 year olds

Why did you pick your highest group? _____

List all of your current certifications from American Red Cross, Scouts, YMCA, or other. List certifying organization, date obtained, and expiration date for each of the following:

Water Safety Instructor (WSI) _____ Obtained _____ Expires _____
Lifeguard _____ Obtained _____ Expires _____
Standard First Aid _____ Obtained _____ Expires _____
CPR _____ Obtained _____ Expires _____
First Responder _____ Obtained _____ Expires _____
Archery Instructor _____ Obtained _____ Expires _____
Coaching _____ Obtained _____ Expires _____
Other _____ Obtained _____ Expires _____

In the following list, put a number "1" beside those activities you can organize and teach, "2" for those activities in which you can assist, and "3" for those which are just areas of personal interest.

<u>ARTS & CRAFTS</u> ___ Basketry ___ Ceramics ___ Jewelry ___ Macramé ___ Metal Work ___ Native American ___ Nature Crafts ___ Newspaper ___ Painting ___ Paper Mache ___ Sketching ___ Other (list)	<u>CRAFTS & PIONEERING</u> ___ Camp Crafts ___ Hiking ___ Orienteering ___ Outdoor Cooking ___ Overnight Camping ___ Low Ropes Course ___ High Ropes Course ___ Knots	<u>MUSIC</u> ___ Lead Singing ___ Guitar ___ Piano ___ Recorder ___ Bugle ___ Other (list)	<u>MISCELLANEOUS</u> ___ Campfire Programs ___ Evening Programs ___ Theme Days ___ Farming/Gardening ___ Juggling ___ Story Telling ___ First Aid ___ Rock Climbing ___ Poetry ___ Creative Writing ___ Other (list)
<u>WATER FRONT</u> ___ Canoeing ___ Swimming ___ Water Polo ___ Life Saving	<u>DANCING</u> ___ Ballet ___ Folk ___ Modern ___ Square	<u>SPORTS</u> ___ Archery ___ Badminton ___ Basketball ___ Baseball/ Softball ___ Fishing ___ Frisbee ___ Ping-Pong ___ Soccer ___ Touch Football ___ Track & Field ___ Volleyball ___ Other (list)	
	<u>DRAMATICS</u> ___ Creative ___ Play Directing ___ Skits and Stunts		

Briefly describe yourself. _____

What personal characteristic would you most like to improve? _____

Rate yourself on the following qualities (1-10) 1 = poor, 10 = excellent
 Patience___ Sense of Humor___ Motivation___ Ability to Follow Orders___ Honesty___ Common
 Sense___ Flexibility___ Resourcefulness___ Time Management___ Self Discipline___

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

What Contributions do you think a well-run camp can make to children? _____

What contributions do you think you can make at camp? _____

Have you ever been convicted of a felony or misdemeanor? (Please Circle) YES / NO
 If yes, please explain _____

References

Please list at least 3 people. No more than 1 may be related.

1. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

2. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

3. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

4. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____