



**Address: P.O. Box 972, Reisterstown, MD. 21136**

**Email: [friendlysummercamp@yahoo.com](mailto:friendlysummercamp@yahoo.com)**

**Website: [friendlysummercamp.com](http://friendlysummercamp.com) Phone: (443)244-2777**

**A Recreational Program that Provides a Safe & Nurturing Environment**

**EMPLOYMENT APPLICATION**

**Position you are applying for: Please check all that apply**

Camp Director \_\_\_\_\_ Assistant Camp Director \_\_\_\_\_ Camp Counselor \_\_\_\_\_

PLEASE PRINT CLEARLY

Date of Application: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle: Male / Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever been convicted of a crime (Felony or Misdemeanor)? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
If **YES**, please describe: \_\_\_\_\_

Are there any legal actions pending against you? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** If **YES**, please describe: \_\_\_\_\_

**EMERGENCY CONTACTS:** In the event of medical emergency whom should we contact?

1) Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
2) Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**Education:**

**Education:** (check all that apply):  High School Graduate  Undergraduate Degree  Graduate

**Employment Information** (please check):  Employed  Unemployed  Retired  Student

Do you hold any of the following certifications? (Circle all that apply and attach a copy of the front and back of the card) \_\_\_\_\_ **CPR** \_\_\_\_\_ **First Aid**

Would you be willing to attend a CPR/ First Aid course, before the start of camp? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Employment History & Information**

Do you have any other summer camp experience?  Yes  No. If YES, please list where and when: \_\_\_\_\_

Please list your title and responsibilities: \_\_\_\_\_

Please describe your experiences working with children (babysitting, tutoring, etc.) \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date you can start: . \_\_\_/ \_\_\_/ \_\_\_ Salary desired: \$ \_\_\_\_\_

**SPECIAL CERTIFICATIONS**

Lifeguard [  ] Yes Expires: \_\_\_/ \_\_\_/ \_\_\_ Adult & Child CPR [  ] Yes Expires: / / \_\_\_

Standard First Aid [  ] Yes Expires: / \_\_\_/ \_\_\_ Other: \_\_\_\_\_

List any additional training or skills (sports, hobbies, or special talents) that would help you in the performance of the job you are applying for. \_\_\_\_\_

**Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only.

- **Check One:**  Male  Female
- **Check One Race/Ethnic Group:**  White  Black  Hispanic  
 American Indian/Alaskan  Native Asian/Pacific  Islander Other

**FORMER EMPLOYERS:**

May we contact your current/recent employer? [  ] Yes [  ] No

Former employer: \_\_\_\_\_ From: \_\_\_/ \_\_\_/ \_\_\_ To: / / \_\_\_

Supervisor: \_\_\_\_\_ Position held: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES:** Who were you referred by? \_\_\_\_\_

List two individuals not related to you, whom we can contact as a character reference.

1) Name: \_\_\_\_\_ Ph #: \_\_\_\_\_ Yrs. known: \_\_\_\_\_  
In what capacity does this person know you? \_\_\_\_\_

2) Name: \_\_\_\_\_ Ph # \_\_\_\_\_ Yrs. known: \_\_\_\_\_  
In what capacity does this person know you? \_\_\_\_\_

**Interests/Expertise**

Do you speak another language fluently?  Yes  No If YES, which language(s)? \_\_\_\_\_

Please describe any areas of expertise or interests that you have: \_\_\_\_\_

Please indicate your age preference (1<sup>st</sup> choice, 2<sup>nd</sup> choice): (1) \_\_\_ 4-6 (2) \_\_\_ 7-9 (3) \_\_\_ 10-13

Why: \_\_\_\_\_

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2. Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**Availability**

Please note that camp is 7 weeks from Monday, June 22, 2015 to Friday, August 7, 2015.

- Camp hours are from 8:00 A.M. to 5:30 P.M. Absences during this period may result in dismissal.
- Check the time that interests you. \_\_\_\_\_ **8:00am to 5:30pm** \_\_\_\_\_ **8:30am to 5:30pm**

**Please note:** All counselors must attend a mandatory orientation before the start of camp. Your employment is contingent on your attendance at this meeting.

- Send the application to the above address. You will be called for interview based on the availability of positions and the qualifications you have listed.

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete. I understand this application is for consideration as an Independent Contractor and authorize Friendly Summer Camp to investigate all statements contained in this application. As an Independent Contractor, I am not an employee or partner of Friendly Summer Camp. As such, Friendly Summer shall not deduct withholding taxes, FICA, or any other taxes required by an employer as I acknowledge as an Independent Contractor it is my responsibility to pay these taxes. I also acknowledge that I am not entitled to any fringe benefits, pension, retirement, profit sharing, or any other benefits accruing to employees.

I understand that there are inherent dangers in any recreational activity or program such as slips, falls, and various athletic injuries related to sports and play. I hereby release and hold harmless Friendly Summer Camp, its officials, agents and employees from liability or obligation arising from, or in connection with, my activities.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any contractor relationship with this corporation is of an "at will" nature, which means that the contractor may resign at any time and Friendly Summer Camp may discharge the contractor at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless, such change is specifically acknowledged in writing by an authorized executive of this corporation. In the event of a signed contract, I understand that false or misleading information given in my application or interview may result in the immediate cancellation of my contract.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Submission of application does not guarantee employment.