



CAMP OCONTO

NEW STAFF APPLICATION 2008

Name: _____ Date of Birth: _____ Age: _____
As of June 30/08

Mailing Address :(e.g., School) _____
Street

Phone Number: _____
City Prov./State Country Postal/Zip

E-mail: _____ Mail to above address until: _____

Permanent Address (e.g., Home): _____
Street

Home Tel: _____
City Province/State Postal Code

Which Activity position are you applying for? _____

How did you become interested in Oconto? _____

EDUCATION

1) Name of High School you presently attend or from which you graduated: _____

2) If you are presently in University or College, please indicate the following:

- Course in which you are registered: _____
- Name of University or College: _____
- Year in which you are presently enrolled: _____

3) If you are not presently attending a school, have you completed a University or College course?

Yes No If yes, degree(s) or certificate(s): _____

4) Occupation (if presently employed): _____

CAMP EXPERIENCE

1) As a camper, indicate names of camps and number of years you attended (most recent first).

<u>CAMP</u>	<u># of YEARS ATTENDED</u>
_____	_____
_____	_____
_____	_____

2) As a staff member, indicate names of camps and number of years you attended.

<u>CAMP</u>	<u># of YEARS ATTENDED</u>
_____	_____
_____	_____
_____	_____

List and describe any work, training or experience you have in fields relating to camping or that you feel would be helpful at camp, i.e., Day Camp, volunteer work, leadership programs etc.

With which age groups do you prefer to work? (1st choice) _____ (2nd choice) _____

Date available to start: _____ Until: _____

AWARDS RECEIVED: Please list awards and expiry dates.

Swimming/Lifesaving: _____

First Aid/CPR: _____

Canoeing: _____ Other: _____

In the following list, mark '1' in the box for those activities in which you are confident or qualified to instruct. Mark '2' in the box for those activities in which you are proficient and can assist with instructing and mark '3' in the box for those activities in which you are able to participate.

- Archery Arts & Crafts Board Sailing Low Ropes Campfire programs
 Canoeing Canoe Tripping Nature
 Pottery Dance Drama Tennis
 Horseback Riding (English) Stable Management Kayaking Sailing
 Office Manager Swimming Diving Strokes
 Life Saving Synchronized Music Piano Guitar

MEDICAL

Please state any health problems or allergies. _____

Do you require a special diet? Yes No If yes, explain: _____

Note: Prior to camp, all successful applicants are required to complete a Health History form as well as pass a criminal background reference check.

REFERENCES - Please list three references (camp references, former employers, and teachers are preferred). If necessary, character references are acceptable.

Name	Relationship	Telephone Number

Camp Oconto strives *to be free of* weapons and violence, discriminatory behavior, theft, bullying and other emotional abuse, vulgar language, drugs, alcohol and pornography/sex, pets and smoking. Rules and regulations, policies and procedures, customs and ideals have been established to ensure that Oconto remains true to its character and ideals.

I understand that all members of the Camp Oconto community (campers, staff and volunteers) are expected to learn, abide by and encourage others to follow the rules, regulations, policies, procedures, customs and ideals of the Camp. I further acknowledge that if I/my child is involved in any conduct which, in the opinion of the Directors, is in breach of the Camp rules, regulations, policies, procedures, customs or ideals or otherwise endangers the well-being of campers and/or staff or the efficient and safe operation of the Camp, s/he will be dismissed from camp immediately. If any member of the staff or any camper is dismissed from camp for any reason or at any time, there will be no refund of fees for campers or payment of wages/salary for staff and the staff or camper is responsible for all costs associated with the dismissal, including travel expenses The decision to dismiss a staff member or camper from camp is within the exclusive discretion of the Camp Directors, or his/her delegate, in the event of an emergency.

Applicant's Name: (Please Print) _____

Applicant's Signature: _____ **Date:** _____