

PERSONAL INFORMATION

Last Name _____ First Name _____
Middle _____ Date of Birth _____ S.S. # _____
Mailing Address _____ City _____
State _____ Zip Code _____ D.L.N. _____ exp. _____
Contact Telephone _____ Permanent Telephone _____
E-Mail Address _____ Cell number: _____

Permanent Address _____ City _____
State _____ Zip Code _____

In case of an emergency, contact _____ Relationship _____
Home Telephone _____ Work Telephone _____ Cell _____
Name of physician _____ phone number _____

Please check which position(s) you are applying for.

Health Care Staff

- RN I would be able to work Days Nights No preference Provide current copy of your license
 LPN I would be able to work Days Nights No preference Provide a current copy of your license

Program Staff

- Arts & Crafts Director
 Recreation Director
 Nature Director
 WSI (you need current certification)
 Life Guard (you need current certification)

Kitchen Staff

- Cook (morning shift)
 Cook (afternoon shift)
 Dining hall/clean – up Morning shift
 Dining hall/clean-up Afternoon shift

Cabin Staff

- Counselor
 Assistant Counselor
 Volunteer (please specify when you would like to volunteer)

T-shirt size: _____
Best time to contact you? _____
Best time for an interview? _____
Do you have dependable transportation? _____

2010 Camp Millhouse Staff Application
25600 Kelly Rd. South Bend, IN. 46614 * (574) 233-2202

Part of your job if you are hired staff (**program, counselors, and assistant counselor**) is to assist those who need help with activities and of daily living skills. The list below provides you with some of the job duties you would be responsible for. Please place a check on the most appropriate answer for you; this will help us to determine where we may need to provide training for staff. Experience (E), No experience (NE) or willing to learn (WL)

Skill	E	NE	WL
Pushing wheel chairs			
Lifting people			
Feeding individuals			
Dressing Individuals			
Toileting individuals			
Showering individuals			
Changing/applying diapers			
Socializing with others who have special needs			
Outings with people who have special needs			
Participate in sporting events with people who have special needs			
Brushing other peoples teeth			
Swimming with persons who need assistance			
Observed a person have a seizure			
Shaving someone else			
Other areas where you may have experience (sign language ex.).			

Camping/outdoor education/leadership training experience:

Name of Camp/Center	Position held	Dates
_____	_____	_____
_____	_____	_____

Personal Assessment

What unique contribution do you personally bring to the position for which you are applying?

Describe your goals and/or objectives for the position for which you are applying.

Is there any additional information you would like us to consider when reviewing this application?

List any volunteer activities you have participated in.

LEADERSHIP EXPERIENCE

List all the leadership positions you have held _____

Were you ever a Boy Scout or a Girl Scout? ____ Yes ____ No If yes when? _____
Have you ever worked at a summer camp? ____ Yes ____ No If yes where? _____

EXPERIENCE WITH PERSONS WHO HAVE SPECIAL NEEDS

Please describe to us your experience you have had with people who have special needs.
What were their ages and your responsibilities?

Please indicate the age group with which you have had prior experience. You may check more than one.

____ 4 - 7 ____ 8 - 12 ____ 13 - 18 ____ 18 - 25 ____ 25 - older

EDUCATION

List Schools you have attended Dates of attendance. Did you complete core courses of study?

List the colleges you have attended (or are attending)

MEDICAL HISTORY

Are you in good health? _____
Do you have any physical limitations? _____ If yes, please explain _____
Do you have any allergies? (If yes please specify) _____
Are you currently on medication? __Yes __No
If yes, please provide a separate description. Are you a vegetarian? __Yes __No any special dietary needs?
_____ (We will try and accommodate your needs)
Are you currently under psychiatric care? __Yes __No (If yes, please provide a separate description)
Do you smoke? __Yes __No? Do you consume alcoholic beverage __Daily __Weekly __Seldom __never?

YOUR PERSONALITY

Rate yourself on the following qualities: 10 = Excellent 9 = Very Good 8 = Good 7 = Fair

Patience _____ Sense of humor _____ Motivation _____ Ability to follow rules _____ Maturity _____

What are your strongest qualities?

Are you aware that this is a very challenging job not only physically but emotionally as well. Do you feel you are able to perform this job?

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Are you prepared to take on this job? Your socialization with friends will be limited. True you will be gaining new friendships as well, but your outside camp socialization will change due to the demands of the job.

What is the most important thing you want the campers to learn from you at camp?

Do you prefer to work alone or in a group? Why?

How would you describe yourself to someone who didn't know you?

What do you perceive to be the responsibilities of a Camp Millhouse staff member?

What do you imagine will be the greatest difficulty at camp?

We are looking for people who are ready to have a great and safe time as a staff person. We want to provide our campers with a positive camping experience. What do you feel would be important to provide a positive camp environment?

Do you feel you are able to provide the campers with a positive experience using your ideas and the ideas of others?

Would you make a great member of the Camp Millhouse staff?
Why?

You are sitting near the black top and notice a camper wonder out of a cabin that you are not assigned to, what do you do?

You are sitting at the campfire and notice there is graham crackers, chocolate bar and marshmallows, what do you do?

We are looking for outstanding individuals to provide excellent care and great entertainment while keeping not only the campers but the staff safe as well. Do you feel you are one of these people?

Personal History

Have you ever been arrested? ___ Yes ___ No If yes, a detailed explanation must be enclosed.

Have you ever been charged with or convicted of sexual abuse, assault, battery, neglect or molestation? ___ Yes ___ No if yes a detailed explanation must be enclosed.

Work History

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Please list the past five jobs you have held, starting with the most recent held to previously hold.

Name of Company Dates Employed Reason for Leaving Supervisor

May we contact your supervisor(s)? Yes___ No___

Please give the names, address and phone numbers of three persons **not related to you**, that you have known at least one year we can contact for references.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree the information is valid with regard to my current application status. I understand and agree that if I have misled Camp Millhouse, Inc. my application and or staff position will be terminated immediately.

Signature of applicant _____ Date _____

I give Camp Millhouse, INC. permission to use the enclosed information for obtaining a criminal background check, driver's license verification and to search the sex offender database.

Signature of applicant or legal guardian _____ Date _____

Printed name