

Diamond Ridge Camps

EMPLOYMENT APPLICATION

P. O. Box 297, Jamison, PA 18929
 (215) 343-8840 • FAX (215) 343-8849
 www.diamonddridercamps.com



Who referred you, or how did you hear about Diamond Ridge Camps? _____ Date of Application _____

Will you need to miss any time during the camp season? No Yes Possibly If yes or possibly, explain _____

Position(s) Applying For _____

Day Camp Overnight Camp Teen Travel

If applying for a bunk counselor position, indicate the grade level with which you'd like to work. List your 1st, 2nd and 3rd choices
 ___ 4 yr. olds ___ Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th

PERSONAL INFORMATION

Optional at time of application

Birthdate _____ T-Shirt Size _____
 Social Security # _____

Name _____
Last First Middle

Home Address _____

City, State, ZIP _____

If away at college: Address _____

City, State, ZIP _____

Home Phone () _____ Business/College Phone () _____

Cell Phone () _____ E-Mail (print) _____

Circle your current age category: 15-16-17 18-20 21 & over

Present Occupation - if not a student: _____

If you have children, will you want to have them enrolled at camp? _____

If yes, ages, grades and gender of children _____

Do you have sibling(s) enrolled or who will be enrolling at DR Camps this summer? ___ yes ___ no

If yes, list first and last name(s) _____

EDUCATION HISTORY

Schools Attended	City/State	Major/Degree (if applicable)	Did you graduate?
Jr. High _____	_____	_____	_____
High School _____	_____	_____	_____
College(s) _____	_____	_____	_____

If in school, complete for the current year - High School Grade _____ or College Year _____

CAMP EXPERIENCE AS A CAMPER

Attach additional paper, if necessary

	Name of Camp	City/State	Year(s) Attended	Director
1.				
2.				
3.				

CAMP EXPERIENCE AS A STAFF MEMBER

Attach additional paper, if necessary

	Name of Camp	City/State	Position Held	Dates Employed	Director
1.					
2.					
3.					

WORK EXPERIENCE OTHER THAN CAMP

Attach additional paper, if necessary

	Place	City/State	Position Held	Dates Employed	Supervisor
1.					
2.					
3.					

VOLUNTEER WORK

Attach additional paper, if necessary

	Place	City/State	Position Held	Dates	Supervisor
1.					
2.					
3.					

REFERENCES

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

➔ Include 3 former employers, supervisors, instructors, teachers, coaches. Do not list relatives. Friends may only be used if an employer. **Beside completing this section, you must also have two reference forms sent to the Camp Office prior to your interview from two of the three people.**

	Name	Their Position/Title	Place of Employment (if applicable)	Phone with Area Code
1.				
2.				
3.				

OUTSIDE INTERESTS

Tell us about your participation and interests, such as, sports, clubs, activities, hobbies, awards, collections, offices held, talents, sorority/fraternity memberships, etc.

CERTIFICATIONS

Attach a copy of the front & back of documents to this application.

Check if you hold any of the following health-related certifications:

- Standard First Aid Community First Aid & Safety First Responder E.M.T.
- C.P.R. Course Name _____ Other: _____

Check if you hold any of the following aquatic certifications:

- American Red Cross Lifeguarding Certification YMCA Lifeguard Boating Certification _____
- Royal Life Saving Society Certification Water Safety Instructor (W.S.I.)
- Other: _____

Check if you hold any of the following certifications:

- Ropes Course Certification Archery Referee Which sport(s)? _____

CLEARANCE/CHECK

- Do you possess:
 - a current Child Abuse History Clearance? Yes ___ No ___ If yes, what state/country? _____
 - a current Criminal History Record Check? Yes ___ No ___ If yes, what state/country? _____
- If yes to the above questions, please attach a copy of the clearance(s).

*These two clearances are required for all staff, 18 years and older, at your expense, after offer of employment.

ACTIVITIES

Place a "T" before those activities where you have the knowledge and skill to ORGANIZE and TEACH with confidence. Place an "A" before those activities where you have the knowledge and skill to ASSIST an instructor with confidence. Place an "X" before those activities where you have knowledge, skill or interest.

<u>THE ARTS</u>	<u>TEAM SPORTS</u>	<u>INDIVIDUAL SPORTS</u>	<u>OUTDOORS</u>	<u>AQUATICS</u>	<u>OTHER ACTIVITIES</u>
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Basketball	<input type="checkbox"/> Archery	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Boating	<input type="checkbox"/> Aerobics
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Baseball	<input type="checkbox"/> Golf	<input type="checkbox"/> Camp Crafts	<input type="checkbox"/> Diving	<input type="checkbox"/> floor
<input type="checkbox"/> hand building	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Fishing	<input type="checkbox"/> Scuba	<input type="checkbox"/> step
<input type="checkbox"/> wheel	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Gardening	<input type="checkbox"/> Snorkeling	<input type="checkbox"/> Clowning
<input type="checkbox"/> Calligraphy	<input type="checkbox"/> GaGa	<input type="checkbox"/> Tennis	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Synchronized	<input type="checkbox"/> Creative Writing
<input type="checkbox"/> Computers	<input type="checkbox"/> Group Games	<input type="checkbox"/> Tumbling	<input type="checkbox"/> Nature Activities	<input type="checkbox"/> Swimming	<input type="checkbox"/> Cup-Stacking
<input type="checkbox"/> Cooking	<input type="checkbox"/> Kickball		<input type="checkbox"/> Orienteering	<input type="checkbox"/> Swim	<input type="checkbox"/> Dance
<input type="checkbox"/> Digital Photography	<input type="checkbox"/> Lacrosse		<input type="checkbox"/> Ropes Course	<input type="checkbox"/> Instruction	<input type="checkbox"/> Cheerleading
<input type="checkbox"/> Gimp/Lanyard	<input type="checkbox"/> Newcomb		<input type="checkbox"/> low elements		<input type="checkbox"/> Computers
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Soccer		<input type="checkbox"/> high elements		<input type="checkbox"/> Fencing
<input type="checkbox"/> Music/Singing	<input type="checkbox"/> Softball/T-Ball				<input type="checkbox"/> Juggling
<input type="checkbox"/> Puppetry	<input type="checkbox"/> Street Hockey				<input type="checkbox"/> Magic
<input type="checkbox"/> Stained Glass	<input type="checkbox"/> Volleyball				<input type="checkbox"/> Model Making
<input type="checkbox"/> Theatre					<input type="checkbox"/> Model Rocketry
<input type="checkbox"/> Video Production					<input type="checkbox"/> Newspaper
<input type="checkbox"/> Woodworking					

Other activities: _____

Swimming Ability: Strong Average Non-swimmer

List any swimming experience (team, teaching, Red Cross Levels achieved) _____

Do you play a musical instrument? If yes, which _____

Have you played in a school/club band? Type of band _____

STAFF QUESTIONNAIRE page 2

6. Tell us about a favorite teacher, coach or mentor and why he or she made an impact on you.

7. Describe your personal experiences in working with children, i.e. babysitting, volunteer positions, teacher, coach, job at another camp, etc.

8. What are the most important things you would want campers to say about you after the summer?

9. How would you describe yourself to someone you do not know?

10. Why should we choose you to work at Diamond Ridge Camps?

TRANSPORTATION

1. If hired, will you need transportation to and from camp? Yes___ No___
2. If hired, can you provide your own transportation to and from camp on a daily basis? Yes___ No___
If yes, how? Drive Self Carpool with other staff Parent drop-off/pick-up Other: _____
3. If 21 or over: Would you be interested in driving a van/mini bus? (CDL License required) Yes___ No___
If yes, list any traffic citations/accidents during the last 3 years and the outcome/penalty/points.

CONFIDENTIAL INFORMATION

1. Do you have any impairments - physical, mental or medical - which may affect your work performance that should be taken into consideration in job placement. Yes___ No___ If yes, please explain.
2. Have you ever been convicted of any criminal charge? Yes___ No___ If yes, please explain.
3. Have you ever been convicted of a child abuse or sexual abuse charge? Yes___ No___ If yes, please explain.
4. Have you ever been convicted of any charge which has led to a restriction on your Driver's License or which would appear on a Motor Vehicle Check?
___ Not Applicable (If you do not have a license) Yes___ No___ If yes, please explain.

By signing below, I understand the following:

- (1) Acceptance of a position at Camp denotes that I agree to abide by all Camp policies, rules and regulations as set forth by the Directors and disseminated prior to and during the camp season.
- (2) All information given is accurate to the best of my knowledge. It is my responsibility to notify the camp if any personal information or status of information requested changes before the start of employment.
- (3) Employment history, references and other information on this application will be carefully investigated.
- (4) It is my responsibility, after offer of employment, to provide the camp with a current State Criminal Background Check and a Child Abuse Clearance at my expense. I understand that I may submit a certification/clearance from another employer only if it is from the current school year. The camp reserves the right to complete a background check as allowed by law and do random drug and alcohol testing. (*not applicable to Minors)
- (5) The lack of camp experience is not an obstacle to my employment.
- (6) It is my responsibility to have two completed reference forms sent to the camp office prior to setting an interview.
- (7) That part of the camping experience involves activities and arrangements and interactions that may be new to me, and that they come with certain risks and uncertainties beyond what I am used to dealing with at home. I am aware of these risks, and I am assuming them. I realize that no environment is risk-free and understand the importance of abiding by CAMP's rules. I will become familiar with CAMP's rules and will obey them.
- (8) That changes in my summer schedule could result in change of position or termination of this agreement.

Applicant's Signature _____ Date _____

I have reviewed this application with the above minor applicant and by signing I verify all information and understand the conditions listed above.

(If minor) Parent/Guardian's Signature _____ Date _____

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Directions to Applicant:

Fill in all information within the boxed section on this page and reverse side before sending form to the individual who will be completing the reference for you.

Reference sent to for completion:	Name _____
	Street Address _____
	City _____ State _____ Zip _____
I hereby release employers and other sources from all liability in responding to this Reference Inquiry.	
Applicant Name (please print) _____ Soc. Security # _____	
Applicant Signature _____ Date _____	
Parent/Guardian Signature (if minor) _____	

The above-named applicant is seeking employment with Diamond Ridge Camps and has authorized such to check references. We will, of course, hold in confidence the information you furnish. Your assistance is greatly appreciated.

What is your connection with the applicant? _____

How long have you known him/her? (give dates) _____

If you have employed him/her, please state in which capacity. _____

Why did he/she leave your employ? _____

If you had a position available, would you re-hire this person? Why or why not? _____

Please rate him/her on the following from your observations:

	Good	Fair	Poor	<u>Comments</u>
Attitude				
Cooperation				
Enthusiasm				
Flexibility				
Initiative				
Leadership				
Responsibility				
Takes criticism well				
Attendance/Promptness				
Loyalty & Honesty				

Additional Comments: _____

Print your Name: _____ Signature: _____

Organization/Company: _____ Position: _____

Date: _____ Daytime Phone Number: _____ Best Time to Contact: _____

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Organization/Company: _____ Position: _____

Date: _____ Daytime Phone Number: _____ Best Time to Contact: _____