



INDIAN SPRINGS DAY CAMP

STAFF APPLICATION

Administrative Office: (610) 827-9444

Last Name: _____ First Name: _____ Nickname: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____

Date of Birth: ____/____/____ Email Address: _____

Type of Automobile: _____ Make/Model: _____ Car Insurance Co: _____

Policy Holder Name: _____ Policy Number: _____

EDUCATION

High School: _____ Graduated Y/ N - What year? _____ Grade entering _____

College: _____ Major: _____ Graduate/Current Student (circle one)

PROFESSIONAL TEACHING OR LEADERSHIP EXPERIENCE

Organization or School	Position	Name of Supervisor	Email & Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____

CAMP EXPERIENCE

Name of Camp	Year(s) Attended
1) _____	_____ \
2) _____	_____

PREVIOUS CAMP EMPLOYMENT (List recent employment first)

Name of Camp & Year(s)	Position	Name of Supervisor	Email & Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____

PREVIOUS EMPLOYMENT (List recent employment first)

Name of Company/Individual & Year(s)	Position	Name of Supervisor	Email & Phone #
1) _____	_____	_____	_____
2) _____	_____	_____	_____

REFERENCES (Please do not include family members. Two professional and one personal preferred. For students, professional can be a teacher or coach.)

Name	Phone	Email
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Are there any camp activities you can teach? List any unique talents, skills, hobbies, etc. that you possess.

Position(s) desired (including age group preference of campers).

Have you ever been convicted of a felony or misdemeanor? Yes ___ No ___ If so, please explain:

Have you ever been charged with a crime against a minor? Yes ___ No ___ If so, please explain:

Have you ever been charged with a crime involving sexual abuse? Yes ___ No ___ If so, please explain:

Do you possess:

PA Child Abuse History Clearance: PA	Yes ___ No ___	Date Issued: _____
Criminal History Record Check: FBI	Yes ___ No ___	Date Issued: _____
Fingerprint Check:	Yes ___ No ___	Date Issued: _____
PA Working Papers (for staff ages 14 to 17)	Yes ___ No ___	Date Issued: _____

All Staff hired for Indian Springs Day Camp are **REQUIRED** to be in attendance for the **ENTIRE 39 day season** (closed July 4th). Although it is understood that illnesses and emergencies may arise, **NO DAYS OFF** for Vacation will be granted once the season begins unless you have made previous arrangements with the Executive Staff. **NO EXCEPTIONS.** Vacations scheduled and taken during the camp season **MAY** impact your continued employment.

Do you agree to be in attendance for all 39 days and not schedule personal or family vacations during the camp season?
___ YES ___ NO (It is your responsibility to notify your family members of this signed agreement.)

Signature: _____ Date: _____

Please Note: Clearances will need to be obtained for **all staff regardless of age per the requirements set forth by the Pennsylvania Dept of Human Services www.dhs.pa.gov for people working with children. All Staff between the ages of 14 to 17 will need to provide a copy of their PA Working Papers to work at camp.** Clearances 5 years of age or older will need to be redone.

Please list any other certifications. _____

THE APPLICANT WARRANTS THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE. STATEMENTS AND REFERENCES WILL BE CAREFULLY CHECKED.

Signature: _____ Date: _____

Please provide a brief written statement as to why you want to work at Indian Springs Day Camp. What experiences are you hoping to gain from employment with us and what attributes and skills can you bring to camp to make this an amazing summer for the campers?