

Camp Mishawaka Staff Application

Thank you for your interest in Camp Mishawaka. This PDF version of the application can be filled out on your computer and emailed as an attachment to info@campmishawaka.com. Or, you can print it, fill it out, and mail it back to us. Feel free to attach extra sheets to more fully complete any section, and include a resume if you have one. We also need to receive three reference forms also available to download and attach to an email. You email a form to your references, then they email the completed version to us. While filling out this application does not guarantee a position, it will be reviewed for consideration as positions become available. Camp Mishawaka is an equal opportunity employer.

General Information

Name _____ Date _____

Mailing Address _____

E-mail _____ Phone _____

Secondary Phone _____

Permanent Address _____

Will you be 18 years or older before June 10th? Yes No If no, enter birth date _____

What dates are you available to be at camp? From _____ to _____ Staff positions typically last nine weeks. If you are not able to attend for the entire time, please explain:

Do you have a valid driver's license? Yes No State _____

If you are hired, would you desire or need housing for any person(s) other than yourself at the camp?

Yes No If yes explain: _____

Have you ever been convicted of a crime other than minor traffic offenses? Yes No If yes, please describe. (A prior conviction does not automatically bar employment. The type of conviction and when it occurred will be considered.)



Camp Mishawaka
P.O. Box 368
Grand Rapids, MN 55744
1-800-308-5011
Fax: (218) 326-9228
www.campmishawaka.com
info@campmishawaka.com

Education

	Years	School Name, City, State	Major Subjects	Degree Granted
High School				
College				
Graduate				
Other				

Employment History

Employer and Phone	Employed (Month/Year) From To	
Employer Address		
Typical Work Duties	Supervisor's Name	
	Reason for leaving	

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Employer Address		
Typical Work Duties	Supervisor's Name	
	Reason for leaving	

Employer and Phone	Employed (Month/Year) From To	
Employer Address		
Typical Work Duties	Supervisor's Name	
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Other Experience with Children

Date	Position	Activities	Ages of Children
Your involvement:			

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Your involvement:			

Skills

Use this key to mark which of the following skills you have experience with: **T**=I feel that I could organize and teach this skill. **A**=I feel I could assist teaching this skill. **C**=I have certification related to this skill. Leave blank any fields that you do not have experience with.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Basketball | <input type="checkbox"/> Water skiing/Pulling | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Crafts/Woodworking | <input type="checkbox"/> High/Low Ropes | <input type="checkbox"/> Track/Running |
| <input type="checkbox"/> Riflery | <input type="checkbox"/> Tripping | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Drama | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Windsurfing | <input type="checkbox"/> Music | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Nature Study | <input type="checkbox"/> Audio Video |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Swimming | <input type="checkbox"/> Baseball | <input type="checkbox"/> Sketching/ Artwork |
| <input type="checkbox"/> English | <input type="checkbox"/> Life guarding | <input type="checkbox"/> Football | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Western | <input type="checkbox"/> Snorkeling | <input type="checkbox"/> Golf | |

This is not a complete list of every activity camp participates in. Everyone should be able to lead very basic large group games. Please include any other specialty skills not listed you have experience with, along with any certifications related to activities such as WSI, life guarding, first aid, CPR, etc.

What would you consider to be your three strongest activities?

1. _____ 2. _____ 3. _____

References

Please list 3 people we can contact that can comment on your character and ability to work with children. References should not be related to you.

Name	Relationship to You	City, State	Phone Number

Express Yourself

Please use the following space to tell us more about yourself. Did you attend a camp as a child? What other experiences have you had that will enhance your ability to work with children? Include anything else you would like us to know about you. Again, please feel free to attach extra sheets if needed.

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature _____ Date _____



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