

Application for Summer Employment
Camp Isanogel – a division of Hillcroft Services, Inc.
7601 W Isanogel Rd
Muncie, IN 47304
Phone: 765-288-1073
Fax: 765-288-3103

Name: _____ SS#: _____

Permanent Address: _____

School Name & Address if applicable: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Camp Applying for: Resident Camp Day Camp

Available dates: From _____ to _____

Position applying for: Please indicate choice by 1st, 2nd, 3rd.

- | | | |
|--|--|---|
| <input type="checkbox"/> Program Specialist | <input type="checkbox"/> Program Instructor | <input type="checkbox"/> Cabin Head |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Aquatics Director | <input type="checkbox"/> Asst. Cabin Head |
| <input type="checkbox"/> Camp Nurse | <input type="checkbox"/> Cabin Life Specialist | <input type="checkbox"/> Day Counselor |
| <input type="checkbox"/> Food Service Manager | <input type="checkbox"/> Cabin Counselor | |
| <input type="checkbox"/> Food Service/Housekeeping Assistant | | |

FORMAL EDUCATION & TRAINING:

Check highest education completed: GED HS Associate College degree

List any additional education/training, including vocational, professional or other training in addition to the above; such as CPR, First Aid, computer training, CNA courses, etc..

EMERGENCY INFORMATION:

In case of emergency notify:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are you covered by your own or parent's/guardian's medical or hospitalization insurance? _____

If yes, list insurance company and policy number: _____

GENERAL QUESTIONS:

Describe your experiences in working with children and/or adults. What role you played, in what type of setting, etc.

Describe your experience in working with individuals with disabilities:

Why do you want to work at Camp Isanogel?

What contributions can you make to the camp community?

Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you are applying? (i.e. working long hours, assisting campers with physical care, living in the residential camp setting)

EMPLOYMENT HISTORY:

Most recent employer: _____ Address: _____

City/State/Zip: _____ Telephone: () _____

Position: _____ Supervisor: _____

Dates worked: From _____ to _____ Ending Wage: _____

Reason for leaving: _____

Type of work performed & job responsibilities: _____

Previous Employer: _____ Address: _____

City/State/Zip: _____ Telephone: () _____

Position: _____ Supervisor: _____

Dates worked: From _____ to _____ Ending Wage: _____

Reason for leaving: _____

Type of work performed & job responsibilities: _____

Comments: Include explanation of any gaps in employment: _____

CAMP EXPERIENCES:

Dates	Camp Name	Director	Phone #	Camper or Staff?

REFERENCES:

PERSONAL REFERENCES: *Please do not use family members.*

Name: _____ Telephone: () _____ Years Known _____

Address: _____ City/State/Zip: _____

Name: _____ Telephone: () _____ Years Known _____

Address: _____ City/State/Zip: _____

TRAINING AND SKILLS:

List the name of the course and date of most recent certification. Proof of current certification will be required. Please attach photocopy of certification.

Training	Course	Certification Date
Lifeguarding		
Water Safety Instructor		
Water Safety Lifeguard Instructor		
Instructor of Swimming for Disabled		
CPR		
First Aid		
Emergency Medical Technician		
Registered Nurse		
LPN		
Campcrafter		
Food Service Handler		
Other		

List any courses taken in training or leadership, name of agency, city and the dates that are not listed above.

Activities: Briefly summarize community, school, or other experiences that will enable you to carry out the responsibilities of the job you are seeking.

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's age, race, creed, color, religion, individuals with disabilities, national origin, sex, marital status or family responsibilities and equally to disabled veterans and veterans of the Vietnam era. Questions directly or indirectly reflecting such status have been included *only* where needed to determine a bona fide occupational qualification. Such questions are appropriately noted on the application. Notwithstanding these efforts, this agency does not assume responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.

If hired, I agree to abide by all of the agency rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the agency or me. I further understand that no representation, whether oral or written by any representative of the agency, at any time, can constitute a contract of employment. I understand that the agency and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No agent of the agency has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO or his designee.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I understand that misrepresentation or the purposeful omission of facts called for on this application is reason to disqualify me from further consideration and is grounds for termination if such items are a business necessity.

Signature: _____

Date: _____

Printed Name: _____

CONFIDENTIAL REFERENCE FOR SUMMER CAMP STAFF

Please return immediately to: Isanogel Center
 Att: HR/Cheryl Brown
 4105 N Walnut
 Muncie, IN 47303

The applicant named below wishes to be considered for employment with Camp Isanogel. Your name has been given as one who has knowledge of this applicant's personal and professional qualifications. It is important that she/he enjoys and understands children and adults with physical and mental disabilities, works well with other adults, and has a sincere love for outdoor living. Your objective and frank appraisal of this applicant will help us make proper selections and placements.

Applicant's Name: _____ Position Applied for: _____

Camp applied for: Resident camp Day Camp

1. Have you ever know of this persons involvement in any accusation of abuse or neglect with a child or other individual in his/her care? Yes No
2. How long have you known the applicant? _____
3. In what relationship? Friend Relative Supervisor Coworker

Please rate the applicant in the following areas:

	Above Average	Average	Below Average
Willingness to Cooperate			
Ability to handle stress			
Sense of humor			
Enjoyment of the outdoors			
Willingness to learn			
Reactions to crisis			
Ability to finish a task			
Caring and patient			
Takes initiative			
Leadership potential			
Positive role model for youth			
Ability to follow directions			
Tolerance of others			
Dependability			
Honesty			
Emotional Maturity			
Accepting constructive criticism			
Teaching ability			
Communication skills			
Other:			

If you were sending your special needs child or adult to camp, how would you feel about his person as his/her counselor? Would they present as a positive role model?

 Additional Comments:

Your Name: _____ Phone: _____