



Application for Employment

Last Name	First Name	Middle	Other Names Used			
How did you hear about this position?		As of June 20, your age is: <input type="checkbox"/> Under 18 years <input type="checkbox"/> Over 18 years <input type="checkbox"/> Over 21 years				
Present Address	City	State	Zip	Phone ()		
Until what date may we mail to your present address?				Email Address		
Permanent Address (If different from above)	City	State	Zip	Phone ()		
Social Security Number	Driver's License Number		State	Exp. Date		
				Special Endorsements		
For Which Positions Are You Applying? (Please rank in order of choice.) 1. _____ 2. _____ 3. _____		If applying to work directly with children, please rank in order of choice the age levels you prefer to work with. (Please note that staff often work with more than one age level.) <input type="checkbox"/> Grades 1-3 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 4-6 <input type="checkbox"/> Grades 9-12		Employment Availability Dates		
				From	To	
Have you been released from prison or convicted of a crime (including plea of guilty or nolo contendere)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If your answer is YES, please provide the details concerning the nature of the offense, the date of conviction and sentence, the jurisdiction in which the conviction took place, etc. A positive response will not automatically bar you from employment.						
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Equal Opportunity Employer

Education

High School

Name	Did you graduate?		Describe course of study
	Yes	No	
City, State			

College

Name		Describe course of study
City, State		
Did you graduate?		
Yes	No	
Indicate type of degree		

Business or Vocational

Name		Describe course of study
City, State		
Did you graduate?		
Yes	No	
Indicate type of degree or number of credits completed		

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Employer		Employed (Month/Year)		Job Title
		From	To	
City/State/Zip				Duties
Telephone ()	Supervisors Name	Salary/Wage		
		Starting	Ending	
Reason for leaving				

Employer		Employed (Month/Year)		Job Title
		From	To	
City/State/Zip				Duties
Telephone ()	Supervisors Name	Salary/Wage		
		Starting	Ending	
Reason for leaving				

Employer		Employed (Month/Year)		Job Title
		From	To	
City/State/Zip				Duties
Telephone ()	Supervisors Name	Salary/Wage		
		Starting	Ending	
Reason for leaving				

Employer		Employed (Month/Year)		Job Title
		From	To	
City/State/Zip				Duties
Telephone ()	Supervisors Name	Salary/Wage		
		Starting	Ending	
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper

Please account for any time that you were unemployed by stating the nature of your activities:

Summarize any job-related skills and qualifications acquired from employment or other experiences:

Please read carefully and sign at the bottom

Under penalty of perjury, I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statements. I also understand that if I am hired, my continued employment may be conditioned upon Camp Fire's receipt of satisfactory reports from the Washington State Patrol and other background checks.

Further, I understand and agree that my employment is not for any specific period of time but is at will. At will employment means that either an employee or Camp Fire may terminate the relationship at any time. Neither the employee nor Camp Fire need demonstrate cause for termination of the relationship.

I authorize Camp Fire to solicit information regarding my education, previous employment, and similar background information and to contact schools, employers, and other references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information.

In the event of my employment with Camp Fire, I will comply with all policies set forth in Camp Fire's policy manual or other communications distributed by Camp Fire. If employed, I release Camp Fire from any liability for future references it may provide regarding my employment with Camp Fire.

I hereby acknowledge that I have read and understand the preceding statement.

Signature_____ Date_____



Camp Fire USA™

Lower Columbia Council

An Equal Opportunity Employer

Supplemental Questions

All Applicants: Please answer (on a separate sheet of paper) all questions applicable to the job(s) for which you are applying.

ALL NEW APPLICANTS

1. Describe your leadership experience with children, peers and your camping/outdoor knowledge.
2. Why are you uniquely qualified for the position(s) for which you are applying?

ALL RETURNING STAFF APPLICANTS

1. Why do you want to return to Camp Singing Wind?
2. What have you learned about yourself since you last worked at Singing Wind?
3. What are your latest goals?
4. Discuss what you liked and disliked about the position(s) you've had here in the past. Are there any changes you'd like to see in Singing Wind's programs?

SUPERVISORY APPLICANTS/SUMMER

1. Describe the experience/training you have in leading peers and/or others.
2. How do you define your leadership style, and what elements of it are most useful in the summer camp environment?

FOOD SERVICE APPLICANTS

Please list and describe all food service experience and qualifications.

References

New applicants: List 4-7 references, including employers, supervisors, teachers, clergy, etc. Please **exclude** people who are your friends or relatives. List the three people to whom you are sending reference forms on the first line, than any others we may contact. References will be verified for all applicants.

References:

Name	Complete Address	Area Code/Phone#	How do you know this person?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Program Skills

Please rate any of the following activities in which you:

- (1) can **competently, expertly, and independently teach** to youth
- (2) can assist in teaching to youth
- (3) have had some experience with

Please indicate certifications or special trainings in any of these areas and feel free to make any notes in the margins about your special skills, expertise, etc. Attach a separate sheet if necessary. Please be honest with these ratings; we do not expect anyone to know how to teach all of these activities.

<p>Arts & Crafts</p> <p><input type="checkbox"/> Basketry</p> <p><input type="checkbox"/> Batik/Tie Dying</p> <p><input type="checkbox"/> Beading</p> <p><input type="checkbox"/> Candle making</p> <p><input type="checkbox"/> Clay Modeling</p> <p><input type="checkbox"/> Leather craft</p> <p><input type="checkbox"/> Nature Crafts</p> <p><input type="checkbox"/> Painting</p> <p><input type="checkbox"/> Photography</p> <p><input type="checkbox"/> Silk Screening</p> <p><input type="checkbox"/> Spinning & Dying</p> <p><input type="checkbox"/> Weaving</p> <p><input type="checkbox"/> Woodworking/Carving</p> <p><input type="checkbox"/> Other _____</p> <p>Outdoor Living</p> <p><input type="checkbox"/> Backpacking</p> <p><input type="checkbox"/> Fire building</p> <p><input type="checkbox"/> Hiking</p> <p><input type="checkbox"/> Knots/Lashing</p> <p><input type="checkbox"/> Map & Compass/Orienteering</p> <p><input type="checkbox"/> Mountaineering</p> <p><input type="checkbox"/> Outdoor Cooking</p> <p><input type="checkbox"/> Shelters</p> <p><input type="checkbox"/> Survival</p> <p><input type="checkbox"/> Tool craft (axe, hatchet, etc.)</p> <p><input type="checkbox"/> Other _____</p>	<p>Waterfront/Aquatics</p> <p><input type="checkbox"/> Canoeing</p> <p><input type="checkbox"/> Fishing</p> <p><input type="checkbox"/> Kayaking</p> <p><input type="checkbox"/> Motor Boats</p> <p><input type="checkbox"/> River Rafting</p> <p><input type="checkbox"/> Rowing</p> <p><input type="checkbox"/> Sailing</p> <p><input type="checkbox"/> Swimming</p> <p><input type="checkbox"/> Other _____</p> <p>Music & Drama</p> <p><input type="checkbox"/> Instrument(s) – Specify _____</p> <p><input type="checkbox"/> Singing</p> <p><input type="checkbox"/> Skits</p> <p><input type="checkbox"/> Creative Drama</p> <p>Challenge Activities</p> <p><input type="checkbox"/> High Ropes</p> <p><input type="checkbox"/> Low Ropes</p> <p><input type="checkbox"/> Group Building Initiatives</p> <p><input type="checkbox"/> Other _____</p> <p>If applicable, please describe the source and content of your challenge training</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Nature</p> <p><input type="checkbox"/> Astronomy</p> <p><input type="checkbox"/> Birds</p> <p><input type="checkbox"/> Conservation</p> <p><input type="checkbox"/> Forest Ecology</p> <p><input type="checkbox"/> Flowers/Trees</p> <p><input type="checkbox"/> Insects</p> <p><input type="checkbox"/> Stream Restoration</p> <p><input type="checkbox"/> Geology</p> <p><input type="checkbox"/> Weather</p> <p><input type="checkbox"/> Wildlife</p> <p><input type="checkbox"/> Other _____</p> <p>Sports & Games</p> <p><input type="checkbox"/> Archery</p> <p><input type="checkbox"/> Baseball</p> <p><input type="checkbox"/> Bicycling: Mountain Biking & BMX</p> <p><input type="checkbox"/> Bicycle Repair</p> <p><input type="checkbox"/> Informal Games</p> <p><input type="checkbox"/> Initiative/Field Games</p> <p><input type="checkbox"/> Softball</p> <p><input type="checkbox"/> Soccer</p> <p><input type="checkbox"/> Volleyball</p> <p><input type="checkbox"/> Other _____</p> <p>Other (please list)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Certifications

Please list and describe below any special certifications, trainings, workshops, etc. that might be useful in working at camp, and indicate the expiration date for each. Enclose a photocopy of these certificates (front and back). If you plan to complete a training before summer, please indicate the anticipated certification and completion date.

<p>Exp. Date _____ 1st Aid Training (Type: _____)</p> <p>_____ CPR Training (Type: _____)</p>	<p>Exp. Date _____ ARC Water Safety Instructor (WSI)</p> <p>_____ ARC Lifeguard Training</p> <p>_____ NAA Archery Instructor Level 1 or 2</p> <p>_____ 1st Aid Instructor (Type: _____)</p>	<p>Other Certifications:</p> <p>_____</p> <p>_____</p>
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CRIMINAL RECORDS CHECK CONSENT FORM FOR EMPLOYEES AND VOLUNTEERS

In order to serve the best interest of Camp Fire USA and to protect our members, volunteers and employees, Lower Columbia Council conducts a criminal background check on all new employees and volunteers. By your signature, you authorize Lower Columbia Council to obtain this information about you. Falsification of information on this form will disqualify you from employment and volunteer status.

PLEASE PRINT THE FOLLOWING INFORMATION IN INK.

Full Name _____
Last First Middle

Other Names Used _____
(List all other names used - aliases, maiden name, other previous names)

Date of Birth Social Security # Driver's License # / State

Current Address City State Zip

Other Counties/States lived in during the past 2 years

I hereby consent to a criminal records check and provide the information set forth. I hereby agree that Camp Fire USA may use any information derived from the criminal records check in evaluating my fitness to serve as a Camp Fire volunteer or employee. I have made no willful misrepresentations, omissions, or falsifications of any of the preceding answers. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions in the information I have submitted in the application process, my application will be rejected. If, after acceptance for employment or volunteer status subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal.

Signature Date

Check Date _____	<input type="checkbox"/> Approved
Agency _____	<input type="checkbox"/> Disapproved
Arrest Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason:
Initials _____ :	



Washington State Law
APPLICANT DISCLOSURE FORM
Pursuant to Chapter 486

Answer Yes or No to each listed item. If the answer to any item is Yes, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows:

Aggravated murder, first or second degree murder, first or second degree kidnapping, first, second or third degree assault; first, second, or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

Answer _____ If yes, explain. _____ (Over)

2. Have you ever been convicted of a felony?

Answer _____ If Yes, explain. _____ (Over)

3. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ If yes, explain. _____ (Over)

4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Answer _____ If yes, explain. _____ (Over)

5. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Answer _____ If yes, explain. _____ (Over)

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature: _____

Date and Place: _____

Witness: _____

Camp Fire USA
Lower Columbia Council
PO Box 503
Toledo, WA 98591

Return form to:
Mark Wheatley
Camp Director
Camp Fire USA Lower Columbia Council
PO Box 503
Toledo, WA 98591
Phone (360) 864-4259
Fax (360) 864-6874
Email: campfireusa@toledotel.com



**Camp Fire USA Lower Columbia Council
 Summer Employment Applicant Reference Form**

_____ has applied for a position with Camp Fire USA Lower Columbia Council. It is very important for us to know as much as possible about him/her. Please complete this reference form based on the experience you have had with the above named individual. Please return this form directly to us. We must receive the form in our office no later than June 20 to consider him/her for the job. Thank you for your help.

Rate: F=Fair, G=Good, V=Very Good, O=Outstanding, NK=Not Known

	F	G	V	O	NK
Will be a positive role model for youth					
Shows warmth, caring and acceptance for children					
Gives firm, but fair discipline to children					
Can be with children for long periods of time without high frustration or loss of patience					
Gets along well/enjoys children/peers/adults					
Adapts well to new situations/circumstance/cultural differences					
Motivates people of all ages to be involved/do their best					
Is a good instructor/teacher					
Is creative and flexible – can “make do” with whatever comes up					
Is reliable – there when supposed to be, carries out what is asked					
Has a personal commitment to a job and employer; not just a way to make money					
Paces his/her work to maintain a high energy level over a long period of time					
Plans and organizes assignments with a minimum of instruction/direction					
Completes projects/assignments on time					
Does more and/or is willing to do more than is asked or expected					
Copes well with emergencies					
Organizes his/her thought before speaking					
Is clear and concise, especially giving instructions					

Have you ever observed the applicant with children; do you believe he/she has the ability to work successfully with children? Yes No, if no, why not?

Describe qualities and skills you believe will enable the applicant to work successfully with children.

How would you feel about the applicant being the counselor of a child you care about?

- Very enthusiastic Somewhat enthusiastic
 Worried Wouldn't want him/her to care for a child

To your knowledge, has this person ever abused or neglected a child, or committed a crime?

- Yes No

If Yes, please explain _____

How long have you known the applicant? Under what circumstances?

Do you know any reason why the applicant would not be suitable for a position on our staff?

- Yes No

If yes, please explain _____

Any other comments about the applicant?

Name _____ Phone Number _____

Full Mailing Address _____

Date _____ Signature _____

Title/Position _____

-Thank you for your time!