



STAFF APPLICATION Summer Camp

All staff must be available for seven weeks of camp and one weeks of staff training from June 2 - July 26, 2024.

Please print neatly or type information below.

| | | | |
|---|---|--|--------------------------|
| Full Name: | | Today's Date: | |
| Will you be at least 18 years old on May 31, 2024? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Permanent Address: (Street, City, State, Zip Code) | | County: | |
| Other address: (street, city, state, zip code) <i>The address to which you want employment information sent.</i> | | County: | |
| Cell Phone Number: | | Other Phone Number: | |
| Email Address: | | | |
| How did you hear about Ocala Outdoor Adventure Camp? | | | |
| Please check boxes in the "TEACH" category if you are able to teach the following activities and check boxes in the "ASSIST" category if you are able to assist but do not feel qualified to teach/lead the activity. | | | |
| TEACH ASSIST | | TEACH ASSIST | |
| Environmental Education <input type="checkbox"/> | <input type="checkbox"/> | Swimming <input type="checkbox"/> | <input type="checkbox"/> |
| Camping Skills <input type="checkbox"/> | <input type="checkbox"/> | Canoeing/Kayaking <input type="checkbox"/> | <input type="checkbox"/> |
| Outdoor Sports <input type="checkbox"/> | <input type="checkbox"/> | Fishing <input type="checkbox"/> | <input type="checkbox"/> |
| Team Building Activities <input type="checkbox"/> | <input type="checkbox"/> | Archery <input type="checkbox"/> | <input type="checkbox"/> |
| Hunter Safety <input type="checkbox"/> | <input type="checkbox"/> | Riflery <input type="checkbox"/> | <input type="checkbox"/> |
| Backpacking <input type="checkbox"/> | <input type="checkbox"/> | Arts & Crafts <input type="checkbox"/> | <input type="checkbox"/> |
| Survival Skills <input type="checkbox"/> | <input type="checkbox"/> | Story Telling <input type="checkbox"/> | <input type="checkbox"/> |
| Minimal Impact Camping <input type="checkbox"/> | <input type="checkbox"/> | Singing/Leading Songs <input type="checkbox"/> | <input type="checkbox"/> |
| Campfire Activities <input type="checkbox"/> | <input type="checkbox"/> | Hiking <input type="checkbox"/> | <input type="checkbox"/> |
| Check any areas in which you have current certifications: | | | |
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Wilderness First Aid | <input type="checkbox"/> Water Safety & Rescue Breathing | |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Canoe Instructor | <input type="checkbox"/> Hunter Safety Instructor | |
| <input type="checkbox"/> Small Craft Instructor | <input type="checkbox"/> Other _____ | | |



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Education Please state high school education and beyond

| School | Years | Major Subjects | Degree |
|--------|-------|----------------|--------|
| | | | |
| | | | |
| | | | |

Employment History

Starting with your most recent employer, please provide a full record of all employment – paid or volunteer. Explain any gaps in employment. Include any positions on camp staff. You may attach additional sheets, if necessary.

| | | |
|--|---------------------|-------------------------|
| Employer #1 (Your most recent employer) | Dates: | |
| | Employer: | |
| | Supervisor, Title: | |
| | Address: | |
| | Phone Number: | |
| | Nature of Work: | _____ _____ _____ |
| | Reason for Leaving: | _____ _____ _____ |
| Employer #2 | Dates: | |
| | Employer: | |
| | Supervisor, Title: | |
| | Address: | |
| | Phone Number: | |
| | Nature of Work: | _____ _____ _____ |
| | Reason for Leaving: | _____ _____ _____ |



Camp Experience

Please explain any experience you have with camps.

| Dates Attended | Camp Location / Name | Director's Name | Were you a staff member or a |
|----------------|----------------------|-----------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

References

Please provide names and addresses of three people (not related to you) who have knowledge of your character, experience, work habits, and ability.

| | | |
|-------------|-------------------------------|--|
| Reference 1 | Name and Relationship to you: | |
| | Phone Number: | |
| | Address: | |
| Reference 2 | Name and Relationship to you: | |
| | Phone Number: | |
| | Address: | |
| Reference 3 | Name and Relationship to you: | |
| | Phone Number: | |
| | Address: | |



Applicant Biography

Write a brief biographical sketch, including specialized training in camping, and experience or training in other fields which might have a bearing on the positions(s) for which you are applying. *(Attach a separate sheet if necessary.)*

What contributions do you think you can make at camp?

What contributions do you think a well-run camp can make to children?



DISCLOSURE STATEMENT

Name:

*Social Security #:

Other names by which known (e.g., maiden name):

Date of Birth:

*Driver's License #:

State of Driver's License:

Expiration Date:

Do you have a valid driver's license?

☐ YES ☐ NO

Do you have a current chauffeur's type license?

☐ YES ☐ NO

Do you have a commercial driver's license?

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

☐ YES ☐ NO

If yes, please explain: (Use a separate sheet if necessary.)

3. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

☐ YES ☐ NO

If yes, please explain: (Use a separate sheet if necessary.)

4. Are you now or have you ever been subjected to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

☐ YES ☐ NO

If yes, please explain: (Use a separate sheet if necessary.)



5. Have your parental rights ever been terminated?

☐ YES ☐ NO

If yes, please explain: (Use a separate sheet if necessary.)

I understand that:

a. The camp may deny employment to any person who answers “yes” to any one of the questions 2 - 5. If hired and the employer later discovers circumstances that would indicate a “yes” answer to any of the above questions, employment may be terminated immediately.

b. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of Child Abusers.

c. The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:

1. have a history of complaints of abuse of a minor;
2. have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
3. have falsified or omitted information in this disclosure statement.

d. This disclosure statement must be updated yearly.

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 misrepresentations or falsifications herein or in other documents completed or submitted by me will result in the dismissal, regardless of the date of discovery by the camp.

Signature:

Date:

**Required for background screening*

Return completed applications to:
Hannah Cain, Assistant Camp Director
Email to:
Hannah.Cain@MyFWC.com



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