



# 2012 STAFF RE-APPLICATION

Our 77th Summer

Office Use:

\_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_

Full Name Required      **FIRST**      **MIDDLE**      **LAST**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Social Security#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **E-mail:** \_\_\_\_\_

Used for tax purposes and background checks

Last year worked at Gwynn Valley: \_\_\_\_\_ T-shirt Size: S M L XL XXL      As a guide to help us when ordering Staff Shirts

In order to process your application we need all information completed on this form.

**PRESENT ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Dates you will be at this address: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**PERMANENT ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Dates you will be at this address: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

1. EDUCATION:	Name of College/University	Major	Year (Fresh/Soph. etc)	Degrees Granted/Year
	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

**2. CERTIFICATIONS AND COMPLETED WORKSHOPS:** (Current Basic First Aid and CPR are **required** for employment)

Please list your expiration date for all that apply.

CPR	Expires ____/____/____	Lifeguard Cert.	Expires ____/____/____	Canoe Cert.	Expires ____/____/____
WFR	Expires ____/____/____	WSI	Expires ____/____/____	Kayak Cert.	Expires ____/____/____
WFA	Expires ____/____/____	Swim Instructor	Expires ____/____/____	Swift Water Rescue	Expires ____/____/____
First Aid	Expires ____/____/____	Archery	Expires ____/____/____	ARC Small Craft Safety	Expires ____/____/____
Other	_____	Expires ____/____/____	Other	_____	Expires ____/____/____

3. Position / Combination of Positions you are applying for: \_\_\_\_\_
4. Please comment on why you would like to return as a Gwynn Valley staff member on the back of this sheet.
5. Please list any relevant work experience or courses taken since you last worked at Gwynn Valley on the back of this sheet.
6. Please list all address changes, including county's, since last employed at Gwynn Valley on the back of this sheet.
7. Sessions & Dates Available: (Please check all that apply - **We ask that all staff work a minimum of 3 weeks unless prior arrangements are made**)

<input type="checkbox"/> Pre Camp	Mid - Late May	Work availability TBC	<input type="checkbox"/> MS/RS Orientation starts May 27	
<input type="checkbox"/> Orientation	Thursday May 31	Thursday June 7	<input type="checkbox"/> Mountainside 1	Friday June 8      Friday June 29
<input type="checkbox"/> Day Camp	Monday June 11	Friday June 20	<input type="checkbox"/> Mountainside 2	Sunday July 1      Friday July 20
<input type="checkbox"/> Session A	Friday June 8	Friday June 15	<input type="checkbox"/> Mountainside 3	Sunday July 22      Sunday August 12
<input type="checkbox"/> Session B	Sunday June 17	Friday June 29	<input type="checkbox"/> Riverside 1	Friday June 8      Friday July 29
<input type="checkbox"/> Session C	Sunday July 1	Friday July 20	<input type="checkbox"/> Riverside 2	Sunday July 1      Friday July 20
<input type="checkbox"/> Session D	Sunday July 22	Friday August 3	<input type="checkbox"/> Riverside 3	Sunday July 22      Sunday August 12
<input type="checkbox"/> Session E	Sunday August 5	Sunday August 12		
<input type="checkbox"/> Post Camp	Tuesday Aug 14	Wednesday August 22 (Work availability TBC with Dale while working at camp).		

**8. Since the time of your last application:** Please attach details if you answer YES to any of the following questions

- |   |                         |
|---|-------------------------|
| A. Have you ever been accused, arrested or convicted of a misdemeanor or felony?  | _____ No      _____ Yes |
| B. Have you ever been accused, arrested or convicted of sexual or physical abuse of a minor?  | _____ No      _____ Yes |
| C. Have you ever been addicted to or treated for any chemical dependence?   | _____ No      _____ Yes |
| D. Are you currently taking any prescription medication?  | _____ No      _____ Yes |
| E. Are you currently taking any medication that could affect your ability to perform this job?  | _____ No      _____ Yes |
| F. Do you have any special medical conditions, problems, or limitations, including physical or mental impairments that might interfere with your ability to perform the job for which you are applying? | _____ No      _____ Yes |
| G. Are you currently seeing a counselor or therapist, or have seen one in the past 6 months?  | _____ No      _____ Yes |
| H. Do you have any allergies or special dietary needs?  | _____ No      _____ Yes |

I understand that all statements will become part of my confidential personnel file. My signature attests that I have answered all questions honestly and accurately and that I have no problem complying with the type of lifestyle indicated by camp and camp policies. My signature also gives permission for camp to check employment history, references, criminal and driving records. In the event of employment, I agree to abide by all rules and policies and to act in compliance with Gwynn Valley's Drug / Tobacco & Alcohol-Free Workplace Policies. I grant permission to the camp to use any photographs or video of me in it's promotional materials.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_