



Camp Fire USA

Today's kids. Tomorrow's leaders.

3100 West Lake St, Suite 100; Minneapolis, MN 55416
Telephone (612) 285-6255 – Fax (612) 285-6225

Camp Tanadoona Application for Summer Employment

Name: _____
Last name First name Middle

Permanent Address: _____
Street Address

City State/Country Zip (____)____ - ____
Permanent Phone

Current Address: _____
Street Address

City State/Country Zip (____)____ - ____
Current Phone

(Please check box next to address where mail should be sent)

E-mail Address: _____ **Cell Phone:** (____)____ - ____

Position(s) desired (brief job descriptions are enclosed):

1st Choice: _____

2nd Choice: _____

How did you learn of this opening? _____

Essay Questions

Experience in Leadership, Camping, or Working with Youth

Below are questions to help us get to know you. Hopefully, it will also give you a chance to reflect upon your decision to want to work at a summer camp. Please be honest and truthful. It will take time and thought to fill out the questions but this is a job which requires patience. Good luck and please call if you have any questions, comments or concerns.

Please use additional sheets of paper and answer the following questions.

1. What would you like to gain from a summer camp experience?
2. How does camp fit into your long term goals?
3. What skills, talents, and personal beliefs do you possess which would be an asset to the Tanadoona program and community?
4. How would you teach children to be honest, responsible, fair, trustworthy, and respectful of self, others and the environment?
5. On a scale of 1-10, how happy are you and how do you define happiness?
6. Why this camp? What are you excited about? What are any worries or concerns regarding summer camp?
7. If you had ten minutes of unexpected time to fill with 8 campers what would you do?

Employment & Volunteer Experience

Please list any work or volunteer experiences you have had for the past five (5) years, beginning with most recent.

Employer/Agency:	
Address:	
Telephone:	
Employment Dates (start – end):	
Job Title and Responsibility:	
Supervisor:	
Reason for Leaving:	

Employer/Agency:	
Address:	
Telephone:	
Employment Dates (start – end):	
Job Title and Responsibility:	
Supervisor:	
Reason for Leaving:	

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Address:	
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Employment Dates (start – end):	
Job Title and Responsibility:	
Supervisor:	
Reason for Leaving:	

If necessary, use another sheet of paper to complete employment history.

Education

High School

School Name:	
Did you graduate?	

College—University—Business—Technical College

School Name:	
Major and Minor:	
Current Status (Freshman, Sophomore, Junior, Senior, Graduate):	
Date Fall Semester Begins:	
Anticipated Graduation Year:	

Certificates and Ratings – Please check off the following certificates you currently have or have had. Give certificate expiration dates for those ratings you currently hold. (Verification will be required upon employment.)

	No	Yes	Expiration Date
Standard First Aid			
Community CPR			
Lifeguard Training			
Water Safety Instructor			
Other (please explain):			
Valid driver's license (please list state/country):			

Please answer the following questions:

	Yes	No
Are you legally eligible for employment in the United States? (Verification will be required upon employment.)		
Can you meet minimum age requirements for the position you are applying for? (Verification will be required upon employment.)		
Health: Are you able to perform the essential functions of this job without accommodation?		
If no, please describe your health situation		
Have you ever been convicted of child abuse, violation of any law or ordinance regulating conduct toward minors, or any felony? (Conviction for a criminal offense will not necessarily preclude employment)		
If yes, please explain:		
Our camp is a smoke free environment, are you willing to comply?		
Dates you are available to work (start – end):		
Are there any specific days or times that you will not be available to work?		
If yes, please specify (All time off must be requested and approved in writing prior to the camp season starting unless under emergency circumstances):		

Please read carefully before signing this application.

- I certify that the information given herein is true and complete to the best of my knowledge.
- I authorize Camp Fire USA Minnesota Council to investigate all statements in this application and to secure any information, they deem necessary, from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and Camp Fire USA Minnesota Council from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment.
- I understand that this application is in no way intended to create an employment contract.
- I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal if I have been employed.
- I have read all of Camp Fire USA Minnesota Council's available staff job positions _____ (Please initial)
- If I am hired, I am willing to do these jobs to the best of my ability : YES _____ NO _____
- Are you able to attend staff training? YES _____ NO _____ (Staff training dates are listed on the positions sheet)
 - If NO, please explain _____

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

Applicant Signature _____ Date _____

Please mail/email/fax your completed application to:

Camp Fire USA Minnesota Council
 3100 West Lake St, Suite 100
 Minneapolis, MN 55416
 Fax (612) 285-6225 or email samp@campfireusa-mn.org