

For Office Use Only

☐ Received: _____

References: ☐ ☐ ☐ ☐ ☐

☐ Background Check

☐ Interview: _____

☐ Contract Sent: _____

☐ Contract Rec'd: _____

☐ Guidelines



Summer Camp for Girls
 500 Illahee RD • Brevard NC • 28712
 Phone: (828) 883-2181
 Fax: (828) 883-8738
 Email: gretchen@campillahee.com

Photo
 Requested

Please Type or Print

Date: _____

Name: _____

PERMANENT/HOME ADDRESS

PRESENT ADDRESS (Until: _____)

Street _____

Street _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone () _____ Cell () _____

Phone () _____ Cell () _____

Email _____

Email _____

Age _____ Date of Birth _____

Social Security # _____

Driver's License # _____ State _____

Religious Faith _____ Active? ☐ Yes ☐ No

How did you hear about Illahee? _____

If internet, list search engine and search string (i.e. "NC girls camp"): _____

EDUCATION

College (or High School)	Major	GPA	Year in School or Degree
_____	_____	_____	_____
_____	_____	_____	_____

Career Goal _____

Camp Experience

Camp	Camper or Staff?	Director	Address	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Camp dates, including pre-camp orientation are from May 30 - August 12th, 2016. Are you available for the entire season?

☐ Yes ☐ No If not, what dates are you available? _____

Are you available to come to camp for an interview? ☐ Yes ☐ No When? _____

EMPLOYMENT EXPERIENCE (list most recent first, use additional paper if necessary)

Type of Work _____ Employer _____ Supervisor _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____ Inclusive Dates _____

Type of Work _____ Employer _____ Supervisor _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____ Inclusive Dates _____

Type of Work _____ Employer _____ Supervisor _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____ Inclusive Dates _____

Have you ever been terminated from employment? ☐ Yes ☐ No If yes, please explain: _____

REFERENCES Please list 3 people (other than listed employers) who can make a statement regarding your current work experience, character, and ability. Do not include relatives. **Give complete mailing address, email address and phone number as these references will be checked by email, snail mail or phone.**

Name _____ Position/Relationship to you _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____

Name _____ Position/Relationship to you _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____

Name _____ Position/Relationship to you _____

Address _____ City/State _____ Zip _____

Phone (____) _____ Email _____

HEALTH INFORMATION

Please list any special conditions, problems, or limitations, including physical or mental impairments, that might interfere with your ability to perform the job for which you are applying: _____

Are you under the care of a healthcare professional, doctor, or counselor for physical or mental problems? ☐ Yes ☐ No
(If yes, please explain) _____

Do you have any special dietary needs or restrictions? If so, please describe: _____

Camp Illahee cannot employ a person using drugs, unless this medication is prescribed by a physician. Please describe any prescribed medications you are currently using and purpose: _____

SKILLS Listed below are most of the activities offered to campers at Illahee. Please check in the appropriate column those activities that **(A) you have taught before, at camp or elsewhere (B) you would like to teach or (C) you could, or would be willing to, serve as head instructor.**

SWIMMING

	A	B	C
a. instructional	_____	_____	_____
b. diving	_____	_____	_____
c. synchronized	_____	_____	_____
Date of lifeguard/WSI training	_____		
Interest in a lifeguard course?	_____		

HORSEBACK RIDING

	A	B	C
a. beginner (balance seat)	_____	_____	_____
b. saddle seat	_____	_____	_____
c. hunt seat	_____	_____	_____
d. western or pleasure	_____	_____	_____
e. jumping	_____	_____	_____
f. vaulting (on barrel or horse)	_____	_____	_____
Have you ever shown?	<input type="checkbox"/> yes <input type="checkbox"/> no		

MARKSMANSHIP

	A	B	C
a. archery	_____	_____	_____
b. riflery	_____	_____	_____

CANOEING/KAYAKING

	A	B	C
a. canoeing	_____	_____	_____
b. kayaking (circle below)	_____	_____	_____
lake whitewater both			

d. Certifications? Canoe or Kayak? Date: _____

ROCK CLIMBING

	A	B	C
a. indoor wall climbing	_____	_____	_____
b. rock site management	_____	_____	_____
c. lead climbing	_____	_____	_____
d. ropes course management	_____	_____	_____

HIKING

	A	B	C
a. day hikes	_____	_____	_____
b. orienteering	_____	_____	_____
c. first aid instruction	_____	_____	_____
d. camping skills	_____	_____	_____

GYMNASTICS/DANCE

	A	B	C
a. floor/tumbling	_____	_____	_____
c. aerobics	_____	_____	_____
d. modern/jazz	_____	_____	_____

MUSIC

a. instruments (list below)	_____	_____	_____
b. voice/singing	_____	_____	_____

SPORTS

	A	B	C
a. basketball	_____	_____	_____
b. field hockey	_____	_____	_____
c. lacrosse	_____	_____	_____
d. soccer	_____	_____	_____
e. sports unlimited (teamsports)	_____	_____	_____
f. tennis (circle level below)	_____	_____	_____
beginning intermediate advanced			

ARTS

	A	B	C
a. general crafts	_____	_____	_____
b. ceramics (circle below)	_____	_____	_____
handbuilding wheel both			
c. painting	_____	_____	_____
d. woodworking	_____	_____	_____
e. fiber arts (circle below)	_____	_____	_____
weaving knitting floor loom			
f. sewing/needlecraft	_____	_____	_____
g. cooking	_____	_____	_____

DRAMATICS

	A	B	C
a. improvisation	_____	_____	_____
b. plays (circle below)	_____	_____	_____
direct behind-the-scenes			
c. puppetry	_____	_____	_____

NATURE

	A	B	C
a. nature/environmental study	_____	_____	_____
b. farm animal care/gardening	_____	_____	_____

OTHER

	A	B	C
a. Faith and Fellowship	_____	_____	_____
b. _____	_____	_____	_____

Of the above activities, please list the three that you would feel most excited to teach or learn to teach:

1 _____

2 _____

3 _____

Most activity counselors are also cabin counselors. Are you applying to be a cabin counselor? ☐ Yes ☐ No

If yes, please check your age preference for the cabin:
☐ 7-9 ☐ 10-12 ☐ 13-15 ☐ no preference

YOUR PERSONALITY

Rate yourself on the following qualities: (1 to 10) 10 = Excellent, 1 = Poor

Patience _____ Stamina _____ Flexibility _____ Confidence _____ Initiative _____

Positive Attitude _____ Leadership skills _____ High Morals _____ Humility _____

What personal characteristics would you like to improve? _____

What do you think could be challenging while you are at camp? _____

What strengths will you bring to the Illahee community? _____

AUTOBIOGRAPHICAL ESSAY (Please include a separate sheet for your responses)

1. Why are you choosing to apply to be a summer camp counselor and, specifically, why did you choose to apply to Camp Illahee?
2. What about you (family, education, social, religious, etc.) would make you a great counselor? What qualities do you think make a great counselor?
3. Please provide details and dates of any previous experience working with children.

IMPORTANT GUIDELINES FOR ILLAHEE COUNSELORS

Smoking: Smoking is not permitted on camp property. Can you adhere to this policy? ☐ Yes ☐ No

Illegal drugs: The use of any controlled substance is absolutely prohibited while you are a staff member at Illahee. Can you adhere to this policy? ☐ Yes ☐ No

Alcohol: Consumption of alcoholic beverages by minors (under 21) while employed by Camp Illahee is prohibited and would jeopardize employment. Absolutely NO alcoholic beverages may be brought into camp and no one may return to camp under the influence. Can you adhere to this policy? ☐ Yes ☐ No

Misc: Visible body piercings (other than ears), tattoos, and extreme hair coloring/cutting are not permitted during the camp season. Can you adhere to this policy? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No ☐ Occasionally

Do you consume alcoholic beverages? ☐ Daily ☐ Weekly ☐ Seldom ☐ Never

Describe location of any piercings or tattoos: _____

Have you ever been convicted of a felony or been accused of or convicted of sexual or physical abuse of a minor?

☐ Yes ☐ No If so, provide date and circumstances on a separate sheet.

As a counselor, you will be giving up a great deal of privacy and comfort, working long and demanding hours, adhering to camp policies which may be limiting (curfews, time off, lack of privacy, limited cell phone use, no smoking, no drinking alcohol, etc.) Can you comply with these policies? ☐ Yes ☐ No

I authorize investigation of all statements herein 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 and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Signature _____ Date _____

Camp Illahee is an equal opportunity employer and does not discriminate on the basis of race, color, sex, religion, disability, national or ethnic origin.



CONSENT FOR RELEASE OF EMPLOYEE INFORMATION
(PROTECTIVE SERVICES • CRIMINAL RECORD • MOTOR VEHICLE CHECK • CREDIT HISTORY REPORT)

Name: _____ Social Security #: _____ - _____ - _____

Email address: _____

Date of Birth: _____

Other names records may be filed under: _____

I understand that Camp Illahee has a practice of requesting a background check which could include protective services / criminal record check / motor vehicle check / credit history report on prospective employees prior to contract confirmation.

I hereby authorize the agency chosen by Camp Illahee to provide the requested information.

Please list location of residences for the past 10 years, both school and home counties:

1. City/State: _____ County: _____

Zip Code: _____ Area Code: _____

2. City/State: _____ County: _____

Zip Code: _____ Area Code: _____

3. City/State: _____ County: _____

Zip Code: _____ Area Code: _____

4. City/State: _____ County: _____

Zip Code: _____ Area Code: _____

I hereby authorize Camp Illahee's Insurance Carrier to conduct a Motor Vehicle Records check and release that information to Camp Illahee.

Driver's License Number: _____ State of Issue: _____

Name as appears on License: _____

I hereby grant permission to authorize the above-mentioned checks and give permission to allow verification of any information given on my application. I understand that failure to provide accurate information may result in nullification of offer or termination. I understand that the information obtained will become part of my employment application. I understand that I may be requested to submit to drug and alcohol testing during my employment.

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____

*Please return this completed form along with your application...thanks!