

CAMP
EST. 1921

ILLAHEE

Summer Camp for Girls
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Photo
Requested

For Office Use Only

- Received: _____
- References:
- Background Check
- Interview: _____
- Contract Sent: _____
- Contract Rec'd: _____
- Guidelines

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 28th - August 10th, 2012. 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** and **phone number** as these references will be checked by 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: _____

Have you ever suffered a nervous breakdown, depression, or other mental disorders? Yes No (If yes, please explain) _____

Are you under the care of a healthcare professional, doctor, or counselor for physical or mental problems?

Yes No (If yes, please explain) _____

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 you can organize and TEACH as a qualified leader and those in which you can assist another instructor. (You do not have to mark every choice.)

SWIMMING	Teach	Assist
a. instructional	_____	_____
b. diving	_____	_____
c. synchronized	_____	_____
Date of lifeguard training	_____	
Date of American Red Cross WSI	_____	

HORSEBACK RIDING	Teach	Assist
a. beginner (balance seat)	_____	_____
b. saddle seat	_____	_____
c. hunt seat	_____	_____
d. western or pleasure	_____	_____
e. jumping	_____	_____
f. vaulting	_____	_____
Have you ever shown?	_____	

MARKSMANSHIP	Teach	Assist
a. archery	_____	_____
b. riflery	_____	_____

CANOEING/KAYAKING	Teach	Assist
a. lake/river canoeing	_____	_____
b. lake kayaking	_____	_____
c. whitewater kayaking	_____	_____
d. ACA certification? Canoe or Kayak? Date:	_____	

ROCK CLIMBING	Teach	Assist
a. indoor wall climbing	_____	_____
b. rock site management	_____	_____
c. lead climbing	_____	_____
d. ropes course management	_____	_____

TRIPS	Teach	Assist
a. backpacking	_____	_____
b. orienteering	_____	_____
c. first aid instruction	_____	_____
d. camping skills	_____	_____

MUSIC	Teach	Assist
a. instruments (list below)	_____	_____
_____	_____	_____

DANCE	Teach	Assist
a. modern/jazz	_____	_____

GYMNASTICS/AEROBICS	Teach	Assist
a. floor/tumbling	_____	_____
b. balance beam	_____	_____
c. aerobics	_____	_____
Other	_____	

LAND SPORTS	Teach	Assist
a. basketball	_____	_____
b. field hockey	_____	_____
c. lacrosse	_____	_____
d. soccer	_____	_____
e. team sports (volleyball,...)	_____	_____
f. tennis (beg, intermediate)	_____	_____
g. tennis (advanced)	_____	_____

ARTS AND CRAFTS	Teach	Assist
a. basketry	_____	_____
b. ceramics (handbuilding)	_____	_____
c. ceramics (wheel)	_____	_____
d. painting/sketching	_____	_____
e. woodworking	_____	_____

NATURE	Teach	Assist
a. nature/environmental study	_____	_____
b. farm animal care	_____	_____

FIBER ART	Teach	Assist
a. handweaving (without loom)	_____	_____
b. table/floor looms	_____	_____
c. needlecraft	_____	_____

DRAMATICS	Teach	Assist
a. improvisation	_____	_____
b. plays (direct)	_____	_____
c. puppetry	_____	_____

OTHER		
a. babysitting staff member's young children	_____	_____
b. food service (assisting preparation of and serving meals)	_____	_____
c. cooking class	_____	_____

Of the above activities, please list the three that you would feel most confident teaching/assisting with enthusiasm! Include all awards you have earned and any teaching experience connected with these skills.

Skill 1 _____

Skill 2 _____

Skill 3 _____

Most activity counselors are also cabin counselors. Are you applying to be a cabin counselor? Yes No
Please check age preference for cabin counselor:
 7-9 10-12 13-15 no preference

YOUR PERSONALITY

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

Patience _____ Energy _____ Flexibility _____ Motivation _____ Initiative _____

Positive Attitude _____ Leadership _____ High Morals _____ Self Esteem _____

What personal characteristics would you like to improve? _____

What do you imagine will be your greatest difficulty at camp? _____

Why should a camp director choose you as a staff member? _____

AUTOBIOGRAPHICAL ESSAY (Please include a separate sheet)

1. What about you (family, education, social, religious, etc.) and your experiences would make you a great counselor?
2. In what extracurricular activities are you currently involved? How will these help in your role as a 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 on, time off, lack of privacy, 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.

