

APPLICATION FOR RETURNING SUMMER CAMP STAFF

GIRL SCOUTS OF THE GREEN AND WHITE MOUNTAINS
PO BOX 10832, BEDFORD, NH 03110-0832
PHONE: 888-474-9686 / FAX: 603-627-4169 / girlscoutsgwm.org



CONTACT INFORMATION:

NAME: _____ E-MAIL: _____

CAMP CHOICE(S): _____ DATES AVAILABLE: FROM: _____ TO: _____

POSITION DESIRED: _____

CURRENT ADDRESS: _____ CELL PHONE: () _____

CITY: _____ STATE/ZIP: _____ PHONE: () _____

PERMANENT ADDRESS (IF DIFFERENT THAN ABOVE): _____

CITY: _____ STATE/ZIP: _____ PHONE: () _____

ARE YOU 18 OR OLDER? YES _____ NO _____ ARE YOU 21 OR OLDER? YES _____ NO _____

CURRENT OCCUPATION OR YEAR IN SCHOOL: _____

LIST ANY CHANGES IN EDUCATION OR DEGREES SINCE LAST SUMMER:

SCHOOL	HIGHEST GRADE COMPLETED/MAJOR	DEGREE/YEAR
_____	_____	_____
_____	_____	_____

LIST ANY CHANGES IN WORK AND/OR VOLUNTEER EXPERIENCE SINCE LAST SUMMER:

JOB TITLE	EMPLOYER	DATES EMPLOYED	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

ABILITY TO TEACH:

- CAMPCRAFT SKILLS/LOW IMPACT CAMPING
- ADVENTURE/ROPES/INITIATIVES
- ENGLISH/WESTERN RIDING
- ARCHERY
- KAYAKING/CANOEING/WINDSURFING/SAILING
- SCIENCE/ECOLOGY RELATED ACTIVITIES
- COMPUTER SKILLS (MS WORD, ACCESS, EXCEL)
- SPECIFIC SPORTS (SPECIFY): _____
- TRIP LEADING (SPECIFY): _____
- ARTS AND CRAFTS (SPECIFY): _____

CERTIFICATIONS - LIST SPONSOR AND EXPIRATION DATE:

- FIRST AID: _____
- CPR: _____
- CPR - PROFESSIONAL RESCUER: _____
- FIRST RESPONDER: _____
- EMT: _____
- LIFEGUARD: _____
- LIFEGUARD INSTRUCTOR: _____
- WATER SAFETY INSTRUCTOR: _____
- SMALL CRAFT CERTIFICATION: _____
- ROPES COURSE/ADVENTURE: _____
- ARCHERY: _____

Have you ever been arrested for or convicted of a crime which conviction has not been annulled, except a minor traffic violation?
YES ___ NO ___

If yes, provide the details of each arrest or conviction including the following: date, state, court, offense charged and/or conviction and describe the particular circumstances surrounding the arrest or conviction including any mitigating factors and your efforts toward rehabilitation: _____

The Council will consider the nature of each arrest and/or conviction, as well as your explanation of any mitigating factors and/or your rehabilitation efforts to decide on a case by case basis whether your employment is appropriate.

SIGNATURE: _____ DATE: _____

WHAT POSITION ARE YOU INTERESTED IN? DESCRIBE THE STEPS YOU WILL TAKE TO BE SUCCESSFUL IN FULFILLING THIS JOB AT CAMP THIS SUMMER?

THINKING OF YOUR PREVIOUS SUMMER AT CAMP, PLEASE DESCRIBE A SKILL YOU DEVELOPED OR CONTRIBUTION THAT YOU MADE TO THE CAMP COMMUNITY THAT YOU ARE MOST PROUD OF:

THINKING OF YOUR TIME SINCE THE END OF CAMP, PLEASE DESCRIBE A SKILL YOU DEVELOPED OR A PERSONAL ACCOMPLISHMENT THAT YOU ARE MOST PROUD OF:

PLEASE LIST AND DESCRIBE 3 STRENGTHS AND/OR SKILLS THAT YOU BRING TO THE CAMP COMMUNITY:

PLEASE LIST AND DESCRIBE 3 WEAKNESSES AND/OR SKILLS THAT YOU WOULD LIKE TO DEVELOP DURING YOUR SUMMER EMPLOYMENT AT CAMP:
