



Camp Staff / Volunteer Application

Equal Opportunity Employer

Please Print in Ink

First Name:	Middle:	Last:
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Street Address:			
City:		State:	Zip:
Home Phone:	Work Phone:	Cell:	Fax:
Email:			

Social Security #:	Drivers License #	State:	Expiration:
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I am applying for (circle one)    **Staff Status**                      **Volunteer Status**

Camp Staff are either general counselors, jr. counselors, specialists in a specific area or a combination of both. In which capacity are you applying to work? \_\_\_\_\_

**Additional Information**

Have you worked at a camp before?	Yes	No	If yes, Where?
How did you learn of Camp CDD's Day Camp?			
Dates Available to Work	From:	To:	



Using the following key, number each of the lines below according to your experience and ability.

- |   |   |   |                               |
|---|---|---|-------------------------------|
| 1 | Qualified expert with teaching experience | 3 | Ability to effectively assist |
| 2 | Ability to organize and teach             | 4 | No ability or experience      |

**Water Sports**

- \_\_\_\_\_ Swimming
- \_\_\_\_\_ Canoeing
- \_\_\_\_\_ Fishing

**Equestrian**

- \_\_\_\_\_ English
- \_\_\_\_\_ Western
- \_\_\_\_\_ Dressage
- \_\_\_\_\_ Jumping

**Ropes Courses**

- \_\_\_\_\_ Low Stations
- \_\_\_\_\_ High Stations
- \_\_\_\_\_ Rappelling

**Other Outdoor**

- \_\_\_\_\_ Archery
- \_\_\_\_\_ Backpacking/Hiking
- \_\_\_\_\_ Spelunking/Caving

**Arts & Crafts**

- \_\_\_\_\_ Painting
- \_\_\_\_\_ Drawing
- \_\_\_\_\_ Calligraphy
- \_\_\_\_\_ Sculpture
- \_\_\_\_\_ Woodwork
- \_\_\_\_\_ Needlepoint
- \_\_\_\_\_ Stained Glass
- \_\_\_\_\_ Candlemaking
- \_\_\_\_\_ Sewing
- \_\_\_\_\_ Fabric Painting
- \_\_\_\_\_ Beading
- \_\_\_\_\_ Knitting/Crocheting
- \_\_\_\_\_ Macrame
- \_\_\_\_\_ Tie Dye
- \_\_\_\_\_ Basketry
- \_\_\_\_\_ Leather
- \_\_\_\_\_ Ceramics
- \_\_\_\_\_ Paper Mache
- \_\_\_\_\_ Photography
- \_\_\_\_\_ Air Brush

**Maintenance**

- \_\_\_\_\_ Lawn Care
- \_\_\_\_\_ Carpentry
- \_\_\_\_\_ Painting
- \_\_\_\_\_ Electric
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Stable Maintenance

**Kitchen**

- \_\_\_\_\_ Food Service Management
- \_\_\_\_\_ Chef/Cook
- \_\_\_\_\_ Janitorial
- \_\_\_\_\_ Dishwasher

**Other (please list)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certifications**

Include expiration dates for each and a photocopy of your certificates with this application.

LIFEGUARD	<input type="text"/>	Exp. Date _____
SWIM INSTRUCTOR	<input type="text"/>	Exp. Date _____
ADULT CPR	<input type="text"/>	Exp. Date _____
INFANT/CHILD CPR	<input type="text"/>	Exp. Date _____
EMT	<input type="text"/>	Exp. Date _____
OTHER	<input type="text"/>	Exp. Date _____

**Authorization**

I certify that all information provided in this employment / volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment / volunteerism and may result in my dismissal if discovered at a later date.

Camp CDD is hereby authorized to make any investigation of my employment, educational or background history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that I must be capable of performing, with or without reasonable accommodation, the essential functions of the position for which I am applying. I understand that my employment or volunteer status is subject to the successful completion of a negative TB test and that Camp CDD intends to maintain a drug-free workplace for the health and safety of its employees, volunteers and campers.

I further understand that this is an application for employment or volunteer position and that no employment contract, either expressed or implied, is being offered. I understand that if employed or accepted as a volunteer, such employment or volunteer status is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, or for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

CAMP CDD  
P.O. BOX 2091  
DECATUR, AL 35602

