



Camp Wakeshma
59149 Camp Wakeshma Road
Three Rivers, Michigan 49093
Phone: 269-244-5891
www.campwakeshma.com

Application for Summer Employment

Instructions: Please fill out the entire application. Please use a black or blue pen.

PERSONAL INFORMATION

Full Name: _____ Desired Position: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Present Occupation: _____

Are you able to perform the job requirements or essential functions as described in the job description? YES NO

Are you a United States citizen or legally able to work in the United States? YES NO

Have you ever been convicted of a crime? YES NO

If yes, please describe: _____

Have you ever applied for employment at Camp Wakeshma before? YES NO

Have you ever worked at Camp Wakeshma before? YES NO

If yes, please list what year(s) and in what capacity: _____

EDUCATION INFORMATION

HIGH SCHOOL

Name of High School: _____ Location: _____

Did you graduate? _____ Graduation Year: _____

COLLEGE

Name of School: _____ Location: _____

Major: _____ Did you graduate? _____ Graduation Year: _____

Name of School: _____ Location: _____

Major: _____ Did you graduate? _____ Graduation Year: _____

CAMP EXPERIENCE

Name of Camp: _____ Location: _____

Years Attended: _____ Staff Member or Camper? _____

If you were a Staff Member, what position did you hold? _____

Name of Camp: _____ Location: _____

Years Attended: _____ Staff Member or Camper? _____

If you were a Staff Member, what position did you hold? _____

Name of Camp: _____ Location: _____

Years Attended: _____ Staff Member or Camper? _____

If you were a Staff Member, what position did you hold? _____

WORK EXPERIENCE

Employer: _____ Phone Number: (_____) _____

Position: _____ Supervisor: _____

Dates of Employment: ____/____/____ to ____/____/____ Reason for Leaving: _____

Employer: _____ Phone Number: (_____) _____

Position: _____ Supervisor: _____

Dates of Employment: ____/____/____ to ____/____/____ Reason for Leaving: _____

Employer: _____ Phone Number: (_____) _____

Position: _____ Supervisor: _____

Dates of Employment: ____/____/____ to ____/____/____ Reason for Leaving: _____

REFERENCES

Please list the three (3) professional references that will be completing your recommendation forms/letters. Please do not use relatives.

Reference #1

Name: _____ Relationship: _____ Phone: _____

Reference #2

Name: _____ Relationship: _____ Phone: _____

Reference #3

Name: _____ Relationship: _____ Phone: _____

CERTIFICATIONS AND SPECIAL TRAINING

Please provide copies of your current certifications/training documents with your application.

Name of Certification /Training: _____

Issuing Organization: _____ Expiration Date: _____

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Issuing Organization: _____ Expiration Date: _____

INSTRUCTIONAL ACTIVITIES

As a Camp Wakeshma Staff Member, you will be assigned to lead specific recreation activities. Please indicate three activities that you would feel comfortable leading at Camp Wakeshma.

Air Rifle

Fishing

Low Ropes

Archery

Hiking

Outdoor Ed.

Arts and Crafts

Kayaking

Sailing

Canoeing

Land Sports

Swimming

Dance

Leadership Ed.

Rank your indicated activities in order 1 through 3 (1-being the most comfortable) and briefly describe why you would qualify to lead each specific chosen activity.

1. _____

2. _____

3. _____

Camp Wakeshma complies with all state and federal laws and regulations prohibiting discrimination. In accordance with these laws and regulation, Camp Wakeshma will not discriminate in employment or any of its programs or services on the basis of religion, race, color, national origin, age, gender, familial status, marital status or disability.

RELEASE AND PERSONAL CERTIFICATION

I hereby certify that all statements contained in this application are true and correct to the best of my knowledge and recollection. Permission is hereby granted to Camp Wakeshma to solicit and investigate statements from any person or organization with regard to my personal history and prior employment.

I understand that inclusion of any false information may be cause for disqualification or subsequent release of employment. If employed as a paid or volunteer staff person, I agree to consistently abide by all rules and conditions of employment at Camp Wakeshma. I understand that the employer has the right to terminate the paid or volunteer staff person at anytime for any reason. I understand that employment is based on multiple factors including camper enrollment and that work time may change and is not guaranteed.

Signature: _____

Date ____/____/____

CAMP WAKESHMA APPLICATION CHECK LIST

1. Completed Application
2. Completed Applicant Availability form
3. Completed Background Check form
4. Three letters of recommendation

Please be sure to have all of the listed items above completed. Mail your documents to:

Camp Wakeshma
Attn: Application
59149 Camp Wakeshma Road
Three Rivers, MI 49093