



Camp Wakeshma
 5149 Camp Wakeshma Rd.
 Three Rivers, MI 49093
 Phone 269-244-5891
 www.campwakeshma.com

APPLICATION
 FOR SUMMER EMPLOYMENT

Name _____ Social Security # _____ / _____ / _____
 Present Phone # _____ Permanent Phone # _____ Desired Position _____
 Present Address _____ Permanent Address _____
 Email _____ Nick Name _____ 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 which has not been annulled, expunged, or sealed by court? YES NO
 If yes, please describe: _____

CAMP EXPERIENCE (Please attach additional page if needed)

| NAME OF CAMP AND LOCATON | YEARS ATTENDED | STAFF OR PARTICIPANT | POSITION OR PROGRAM |
|--------------------------|----------------|----------------------|---------------------|
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HIGH SCHOOL AND COLLEGE EDUCATION (Please attach additional page if needed)

| NAME OF SCHOOL AND LOCATION | MAJOR | DID YOU GRADUATE? | GRADUATION YEAR |
|-----------------------------|-------|-------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

OTHER WORK EXPERIENCE (Please attach additional page if needed)

Employer _____ Title/Position _____ Phone # _____
 Dates ____ / ____ to ____ / ____ Supervisor _____ Reason For Leaving _____

Employer _____ Title/Position _____ Phone # _____
 Dates ____ / ____ to ____ / ____ Supervisor _____ Reason For Leaving _____

Employer _____ Title/Position _____ Phone # _____
 Dates ____ / ____ to ____ / ____ Supervisor _____ Reason For Leaving _____

Employer _____ Title/Position _____ Phone # _____
 Dates ____ / ____ to ____ / ____ Supervisor _____ Reason For Leaving _____

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.

CERTIFICATIONS AND SPECIAL TRAINING (Attach additional page if needed)

| NAME OF CERTIFICATION/TRAINING | EXPIRATION | ISSUING ORGANIZAION |
|--------------------------------|------------|---------------------|
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INSTRUCTIONAL ACTIVITIES: Please indicate areas in which you feel

1-Comfortable leading 2-Comfortable assisting 3-Comfortable participating

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Rowing | <input type="checkbox"/> Animals | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Sailing | <input type="checkbox"/> Plants | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Outdoor Living | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Lake Study | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Wild Edibles | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Map/Compass | <input type="checkbox"/> Song Leading | <input type="checkbox"/> Birds | <input type="checkbox"/> Group Games |
| <input type="checkbox"/> LNT | <input type="checkbox"/> Painting | <input type="checkbox"/> Eco-games | <input type="checkbox"/> Low Ropes |
| <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Gardening | <input type="checkbox"/> Jewelry Making | <input type="checkbox"/> High Ropes |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Sculpture/Pottery | <input type="checkbox"/> Astronomy | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Dance | <input type="checkbox"/> Drawing | <input type="checkbox"/> Pioneer Lore |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Theater | <input type="checkbox"/> Archery | <input type="checkbox"/> Primitive Living |
| <input type="checkbox"/> Instrument _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

PERSONAL PROFILE (Please answer the following questions on a separate sheet of paper)

1. What are your reasons for wanting to work at Camp Wakeshma?
2. What do you feel would be your biggest challenge working at Camp Wakeshma? What past experiences have you had that will help you handle this well?
3. What do you think a camp experience should be for a child and how can you contribute?

REFERENCES (Please do not include relatives)

| NAME | RELATIONSHIP | PHONE | ADDRESS |
|------|--------------|-------|---------|
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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