



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