

NORTHLAND

CAMP & CONFERENCE CENTER

Returning Summer Staff Application

W10085 Pike Plains Road Dunbar, WI 54119

715-324-5678 www.northlandcamp.org

Date: _____

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Gender: Male Female Marital Status: Single Engaged Married (# of children____) Widowed Divorced

College: _____ Major: _____ Classification: _____

School Address: _____ Box #: _____

School City/State/Zip: _____ School Phone #: (____) _____ Extension #: _____

Cell #: (____) _____ Your School Email: _____

Best Time to Call: _____ Best mode of contact: _____

Home Address: _____ City/State/Zip: _____

Home Phone #: (____) _____ Personal email: _____

I am interested in obtaining college credit for this summer: Yes No

Have you ever been convicted of an offense involving a minor, or endangering the welfare of a child such as child abuse, child neglect, etc., or any offense against a person, such as assault, etc.? Yes No If yes, explain: _____

PERMISSION FOR BACKGROUND CHECK

By signing on the line below, I give my permission for Northland Camp and Conference Center to conduct a background screening check with law enforcement, the Child Abuse Central Registry, and any other persons to determine my suitability in working with children and teens. I understand that this permission is a part of my application for a position with the Northland Camp. I further understand that this information will only be used in regard to the above application.

Signature: _____ Date: _____

POSITION APPLYING FOR AND PREVIOUS EXPERIENCE

Number one through three in order of preference:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Teen Counselor | <input type="checkbox"/> Craft Shop | <input type="checkbox"/> Facilities: Circle One
(Custodial, General Labor, Construction) | <input type="checkbox"/> Retail: Circle One
(Bookstore/Snack Shop, Coffee Shop) |
| <input type="checkbox"/> Junior Counselor | <input type="checkbox"/> Security | <input type="checkbox"/> Technology: Circle One (Videographer,
Audio/Video, Photographer) | <input type="checkbox"/> Place me where most needed. |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Food Service: Circle One
(General Kitchen Worker,
Waitress) | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nurse | | | |
| <input type="checkbox"/> Lifeguard | | | |

1. Previous Power Group Leader: _____

2. Previous Northland summer staff position(s): _____ What years: _____

3. A returning staff member is invaluable to an employer. Are you open to serving in your former capacity? Please explain your response.

- Definitely Yes Possible Willing but Prefer Not Probably Not No

4. Why do you want to work at Northland Camp again? _____

5. List one area in which you would like to improve if you are given the opportunity to return. _____

6. Briefly explain if your parents are agreeable to your returning to Northland Camp for another year. _____

EXPERIENCE

Occupational Skills (Include the number of years of experience)

- Video _____
 Photography _____
 Web Design _____
 Power Point _____

- Mechanics _____
 Landscaping _____
 Electrical _____
 Carpentry _____

- Lifeguard Certification
Expiration date: _____
 Climbing Wall/Zip Line Training
Date Trained: _____

Explain level of experience: _____

Musical Ability

Instruments you play: _____ Rate your instrumental ability: Poor 1 2 3 4 5 Excellent

Vocal Range (Circle One): S A T B Would you be interested in serving in our music camp? Yes No

Athletic Ability

Rank your top sport/coaching experience: _____

Would you be interested in serving in any one of our sports camps? Yes No

If so, which ones: Basketball (girls' and guys') Volleyball (girls') Soccer (girls' and guys')

Language Ability

- Sign Language Spanish French German Other: _____

Children's Group

Which age group do you enjoy working with the most?

- 0-1 years 4th-6th grade
 2-3 years 7th-9th grade
 4-5 years 10th-12th grade
 1st-3rd grade

HEALTH INFORMATION

Do you have any restrictions that would make it difficult for you to engage in any sport or activity included in a full camp schedule?

Yes No If yes, please explain: _____

List any allergies or allergic reactions: _____

List any doctor-diagnosed illnesses or ailments that apply: _____

List medications taken regularly: _____

List reasons for medication: _____

Emergency Contact: _____ Relationship to you: _____ Phone Number: _____

OFFICE USE ONLY:

Comments: _____

Level of interest in Northland and their responsibilities: Poor 1 2 3 4 5 Excellent

Would you rehire this person for your department? Yes No

Administration Comments: _____
