

# NORTHLAND

## CAMP & CONFERENCE CENTER

### Returning Summer Staff Application

W10085 Pike Plains Road Dunbar, WI 54119

715-324-5678 [www.northlandcamp.org](http://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<br>(Custodial, General Labor, Construction)  | <input type="checkbox"/> Retail: Circle One<br>(Bookstore/Snack Shop, Coffee Shop) |
| <input type="checkbox"/> Junior Counselor | <input type="checkbox"/> Security  | <input type="checkbox"/> Technology: Circle One (Videographer,<br>Audio/Video, Photographer) | <input type="checkbox"/> Place me where most needed.                               |
| <input type="checkbox"/> Secretarial      | <input type="checkbox"/> Food Service: Circle One<br>(General Kitchen Worker,<br>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)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Video _____       | <input type="checkbox"/> Mechanics _____   | <input type="checkbox"/> Lifeguard Certification         |
| <input type="checkbox"/> Photography _____ | <input type="checkbox"/> Landscaping _____ | Expiration date: _____                                   |
| <input type="checkbox"/> Web Design _____  | <input type="checkbox"/> Electrical _____  | <input type="checkbox"/> Climbing Wall/Zip Line Training |
| <input type="checkbox"/> Power Point _____ | <input type="checkbox"/> Carpentry _____   | 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 (Select only one)?

- |   |   |
|---|---|
| <input type="checkbox"/> 0-1 years                              | <input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup> grade   |
| <input type="checkbox"/> 2-3 years                              | <input type="checkbox"/> 7 <sup>th</sup> -9 <sup>th</sup> grade   |
| <input type="checkbox"/> 4-5 years                              | <input type="checkbox"/> 10 <sup>th</sup> -12 <sup>th</sup> grade |
| <input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup> 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: \_\_\_\_\_

\_\_\_\_\_