



2177 E Erickson Road, Pinconning, MI 48650
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SUMMER CAMP STAFF/COUNSELOR & VOLUNTEER APPLICATION

Camp Fish Tales provides a unique and exciting outdoor learning experience where individuals with special needs interact and develop skills that enhance their health, abilities, independence and quality of life.

PERSONAL INFORMATION

DATE: _____ NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PERMANENT ADDRESS (if different from above) _____
CITY: _____ STATE: _____ ZIP: _____
PERMANENT PHONE: _____ CELL PHONE: _____
EMAIL: _____
ARE YOU 18 OR OVER?: _____ YES _____ NO

How did you hear about Camp Fish Tales:

POSITION APPLIED FOR

Please indicate choice #1, #2, and #3 by preference. All summer camp positions are live-in, full-time, seasonal positions unless otherwise noted.

COUNSELOR _____ (Not live in)
COUNSELOR IN TRAINING _____ NURSE _____

ACTIVITIES STAFF _____ (Not live in) MAINTENANCE _____ (Not live in) HOUSEKEEPING _____

OTHER: (please indicate position) _____



EDUCATION, TRAINING AND BACKGROUND INFORMATION

NAME OF HIGH SCHOOL: _____
DATES ATTENDED: _____ HIGHEST GRADE COMPLETED OR CURRENTLY ENROLLED: _____
COLLEGE OR UNIVERSITY: _____
DATES ATTENDED: _____ HIGHEST YEAR COMPLETED OR CURRENTLY ENROLLED: _____
PLEASE LIST YOUR COURSE OF STUDY OR DEGREE: _____
DATES AVAILABLE TO BEGIN WORK: _____
CURRENT CERTIFICATIONS: _____ First Aid _____ CPR _____ Lifeguard _____ EMT
Other Certification: _____
VALID DRIVER'S LICENSE?: _____ YES _____ NO DRIVER'S LICENSE #: _____

WORK EXPERIENCE

DATES EMPLOYED: _____ EMPLOYER: _____
POSITION: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
REASON FOR LEAVING: _____

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REASON FOR LEAVING: _____



List three (3) personal references/do not include relatives:

1. NAME: _____
 PHONE: _____ EMAIL: _____
 RELATIONSHIP TO YOU: _____

2. NAME: _____
 PHONE: _____ EMAIL: _____
 RELATIONSHIP TO YOU: _____

3. NAME: _____
 PHONE: _____ EMAIL: _____
 RELATIONSHIP TO YOU: _____

Write a "1" next to those activities you are able to teach/lead, a "2" by those you are able to assist in leading, and a "3" next to those you have an interest in learning.

ARTS & CRAFTS	NATURE	RECREATION	OUTDOOR	WATERFRONT	MUSIC/DRAMA
___ Painting	___ Astronomy	___ Games	___ Canoeing	___ Swimming	___ Songs
___ Sketching	___ Bird Ident.	___ Climbing	___ Day Hikes	___ Boating	___ Instruments
___ Paper Mache	___ Flower Ident.	___ Basketball	___ Camping	___ Life Guard	___ Guitar
___ Charcoal	___ Tree Ident.	___ Volleyball	___ Other	___ Games	___ Piano
___ other	___ Gardening	___ Soccer	_____	___ Paddle Boat	___ Dance
_____	___ Other	___ Other	_____	___ Other	___ Yoga
_____	_____	_____	_____	_____	___ Hip Hop
_____	_____	_____	_____	_____	_____

Tell us about any other skills you have: _____

WHY DO YOU WANT TO WORK AT CAMP FISH TALES?



LIST AND DESCRIBE ANY EXPERIENCES YOU HAVE HAD THAT EFFECT YOUR OUTLOOK ON PEOPLE WITH DISABILITIES:

WHAT SPECIAL CONTRIBUTIONS DO YOU THINK YOU CAN BRING TO CAMP FISH TALES:

WHAT ELSE SHOULD WE KNOW ABOUT YOU?

I understand that submission of this application does not assure that I will be employed. I certify that the statements made by me in this application are true and complete. I understand that any false statement on this application may cause rejection of the application, or dismissal if such false statement is discovered subsequent to employment.

I hereby give Camp Fish Tales permission to investigate my employment history, police record, character, general reputation, and all other matters in which they have legitimate interest, and authorize any person or firm contacted by them to give them all requested information. I expressly waive any right to receive written notice of the provision of such information or reports.

I understand that I have the right to request that the Camp fully and accurately disclose to me the nature and scope of all investigations, provided I make a written request to the Executive Director within a reasonable period of time after filling out this application.

I understand that employment shall be at such terms and conditions as the Executive Director may determine and change from time to time and is based upon the requirement that the employees become familiar with and abide by the rules, regulations, policies, and procedures of the Camp as may be established and change from time to time. Such employment can be terminated by the Executive Director at any time, with or without notice, regardless of any other forms, manuals, handbooks, etc.

I understand that no one except the Director has the authority to enter into any agreement for employment on other than a "terminable at will" basis, and that no such agreement shall be effective or binding unless it is in writing, signed by the parties.

I acknowledge that I have read and understand the foregoing disclosures, waivers, releases and agreement.

SIGNED

DATE