



Camp Fire USA

CAMP STAFF APPLICATION ADULT STAFF

Name _____ Social Security Number _____ Birthdate ____ / ____ / ____

Address _____ Phone Number (____) _____

State _____ Zip Code _____

Email _____

Previous Camp Experience

Organization _____ Position _____ How Long? _____

Do you have current first aid certification? Yes _____ No _____ Expiration _____

Do you have current CPR certification? Yes _____ No _____ Expiration _____

Describe your experience working with children: _____

Education

High School _____ Location _____ Years attended _____

Did you graduate? _____ Subjects studied _____

College/University/or Trade School _____ Location _____

Years attended _____ Did you graduate? _____ Degrees earned _____

Position applying for _____

Subjects of special study or research _____

Special Training _____

Special Skills _____

Previous Work Experience

List below your last TWO employers, starting with the most recent one.

Name of present or last employer _____

Address _____ City _____ State _____ Zip _____

Starting date _____ Leaving date _____ Job Title _____

Name of supervisor _____ Title _____ Phone _____

May we contact? _____

Description of work _____

Reason for leaving _____

Name of previous employer _____

Address _____ City _____ State _____ Zip _____

Starting date _____ Leaving date _____ Job Title _____

Name of supervisor _____ Title _____ Phone _____

May we contact? _____

Description of work _____

Reason for leaving _____

References

List TWO people whom you are not related to, who have known you at least one year

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Have you been convicted of a felony within the last five years? Yes _____ No _____

If yes, explain: _____

Signature _____ Date _____

For Director use only			
Date received _____	References checked _____	By _____	Date _____