



Camp Fire USA™

DAY 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 _____