

Camp Hitaga Staff Application

Please return to
PO Box 10075
Cedar Rapids, IA 52410-0075

PERSONAL INFORMATION - Please Print

NAME: _____
LAST FIRST MIDDLE PREFERRED NAME

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

I prefer correspondence to be sent to my (check one) Permanent Address Current Address

CELL PHONE #: (____) _____ OTHER PHONE #: (____) _____

E-mail address: _____

EMERGENCY INFORMATION

PERSON TO NOTIFY IN CASE OF EMERGENCY _____
 TELEPHONE: DAY (____) _____ EVENING (____) _____ RELATIONSHIP _____

POSITION DESIRED (Place a check mark by all positions that you would like to be considered)

- | | |
|--|---|
| <input type="checkbox"/> Cabin/Activity Staff (must be at least 18 years old) | <input type="checkbox"/> Counselor-In-Training Director (must be at least 21 years old) |
| <input type="checkbox"/> Unit Director/Activity Specialist (must be at least 21 years old) | <input type="checkbox"/> Waterfront Director (must be at least 21 years old) |
| <input type="checkbox"/> Horseback Staff (must be at least 18 years old) | <input type="checkbox"/> Waterfront Staff (must be at least 18 years old) |
| <input type="checkbox"/> Canoeing Instructor (must be at least 19 years old) | <input type="checkbox"/> Maintenance Support Staff (must be at least 18 years old) |
| <input type="checkbox"/> Adventure Staff (must be at least 19 years old) | <input type="checkbox"/> Food Service Staff |

According to Camp Fire USA standards, all staff must be at least the designated legal age for each position by the first day of camp. On June 7, 2009 will you meet this minimum requirement? Yes No

Staff Training: Certification Sessions: May 31-June 6, 2009 Pre Camp Training Required of All Staff: June 7-13, 2009

Camp Dates: June 14-August 9, 2009. Additional Staff may be needed August 9-22, 2009.

Please indicate any conflicts you may have with the dates listed above.

EDUCATION INFORMATION

EDUCATIONAL LEVEL	NAME & LOCATION	YEAR COMPLETED	GRADUATION DATE/MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER			

BACKGROUND INFORMATION

- Have you ever been convicted of a felony, misdemeanor, child abuse, or sexual abuse offense? _____ Yes _____ No
 (If yes, please indicate on a separate sheet of paper the convictions, dates, and circumstances.) A conviction will not necessarily disqualify you from employment.
- Are you eligible to work in the United States? _____ Could you, once employed, provide documentation to that effect, such as a Visa, green card, Social Security card, and driver's license? _____

ALL STAFF MUST COMPLETE A BACKGROUND CHECK & HEALTH HISTORY FORM upon the acceptance of an offer of employment and before the employment begins.

EMPLOYMENT HISTORY (List chronologically and give specific dates, use an additional page if necessary)

Employer _____ Supervisor _____
 Address _____ Phone (____) _____ Dates Employed _____
STREET CITY STATE ZIP

Employer _____ Supervisor _____
 Address _____ Phone (____) _____ Dates Employed _____
STREET CITY STATE ZIP

Employer _____ Supervisor _____
 Address _____ Phone (____) _____ Dates Employed _____
STREET CITY STATE ZIP

CAMP INFORMATION (list the camps that you have attended as camper and/or staff member)

Name of Camp _____ Name of Director _____ Years as Camper _____ Years as Staff _____ Staff Position _____

Have you ever been a member of a youth organization such as Camp Fire USA, Girl Scouts, Boy Scouts, YMCA, 4-H, etc.? If yes, list organization and dates of membership. _____

What contribution do you think a well-run camp can make to children? _____

What contribution would you like to make to Camp Hitaga? _____

What age group(s) would you prefer to work with at camp? Grades K-2 Grades 3-5 Grades 6-12 Any age**REFERENCES** (Include full address & phone number)

Give name, address, and phone number of 3 people (not relatives) who have knowledge of your character, experience and ability.

NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE & PHONE
NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE & PHONE
NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE & PHONE

CERTIFICATIONS

Check all certifications that you have earned and indicate the expiration dates of those which are current.

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult CPR: _____ | <input type="checkbox"/> Wilderness First Aid: _____ | <input type="checkbox"/> Canoe Instructor: _____ |
| <input type="checkbox"/> Child CPR: _____ | <input type="checkbox"/> Wilderness First Responder: _____ | <input type="checkbox"/> Water Safety Instructor: _____ |
| <input type="checkbox"/> CPR Instructor: _____ | <input type="checkbox"/> Camp Craft: _____ | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> First Aid: _____ | <input type="checkbox"/> Archery Instructor: _____ | _____ |
| <input type="checkbox"/> First Aid Instructor: _____ | <input type="checkbox"/> Lifeguard Training: _____ | _____ |

SKILLS & ACTIVITIESAll members of the staff will be trained how to lead and assist in all of the camp program activities. Please indicate your experience with any or all of the following activities. Place a "T" by those activities in which you have **teaching experience** and a "B" by those skill which you have **basic knowledge and experience**. If you have no experience in the activity, please leave it blank.**Adventure Programs**

- Team Building Games
 Low Ropes
 High Ropes
 Rock Climbing
 Rappelling

Outdoor Living Skills

- Backpacking
 Hiking
 Knot Tying
 Orienteering
 Outdoor Cooking
 Fire Building

Horseback

- Western Seat
 English Seat
 Care of Horses & Tack
 Equine Therapy

Nature

- Animals
 Astronomy
 Birds
 Conservation
 Environmental Ed
 Flowers
 Trees
 Weather

Arts & Crafts

- Sketch/Drawing
 Modeling Clay
 Beading
 Lanyards
 Tie-Dying
 Leather Craft
 Painting
 Printing
 Macramé
 Basketry
 Wood working

Aquatics

- Fishing
 Lake Canoeing
 River Canoeing
 Swimming
 White Water Rafting
 Kayaking

Creative Arts

- Dance
 Drama
 Story Telling
 Skits
 Puppetry
 Creative Writing
 Photography

Court Sports

- Basketball
 Four Square
 Volleyball

Field Sports

- Archery
 Kickball
 Parachute Games

Music

- Song Leading
 Piano / Keyboard
 Guitar

Miscellaneous

- Computers
 Sign Language
 Braille
 Cheerleading
 Martial Arts

Other (please specify)

- _____

I fully understand that Camp Fire USA Iowa Council has certain standards of conduct and appearance. I further understand that the information provided may be verified by contacting persons or organizations named within or by contacting any person or organization that may have information concerning me. I hereby release all of those employers, references, academic institutions and Camp Fire USA Iowa Council from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Camp Fire USA Iowa Council. By signing this application, I affirm that the information I have provided is true and correct.

SIGNATURE OF APPLICANT _____

DATE _____

Signature of Parent/Guardian if under the age of 18 _____

DATE _____

Check staff shirt size:

- Small
 Medium
 Large
 X Large
 XX Large