



RETURNING STAFF APPLICATION 2012
 PO BOX 919
 BREVARD NC 28712
 Tel 828/884-2414 Fax 828/884-2454
 E-mail info@campcarolina.com

Date: _____

PLEASE TYPE OR PRINT

NAME _____ Nickname _____ Soc Sec # ____ - ____ - _____

Mark an "X" in front of the address to which mail should be sent:

PERMANENT ADDRESS:

SCHOOL OR BUSINESS ADDRESS:

Street _____ Street _____

City _____ City _____

State _____ Country _____ Zip _____ State _____ Country _____ Zip _____

Phone _____ Phone _____

E-mail _____ @ _____ E-mail _____ @ _____

Do you have a Facebook account? Yes ___ No ___ If you answered yes, what is your Facebook email? _____

Skype user name _____

Age _____ Marital Status _____ Names of Spouse & Child(ren) _____

University _____ Major _____ Tech School _____ Major _____

Degree or Cert. _____ highest year _____ Degree or Cert. _____ highest year _____

High School _____ Major _____ College School _____ Major _____

Degree or Cert. _____ highest year _____ Degree or Cert. _____ highest year _____

Apprenticeship _____ Major _____ Other Education Experience _____ Major _____

Degree or Cert. _____ highest year _____ Degree or Cert. _____ highest year _____

List of jobs since leaving CCB: _____

Summerize relative Experience since you were born _____

Staff Professional Training with BACKCOUNTRY INSTITUTE (Outdoor Sports, In-Camp Sports, Technical First Aid and Safety) begins May 2, 2012 with the 1st Wilderness First Responder (WFR1). Find out when your training begins go to www.campcarolina.com/institute

Preseason Groups work starts May 1 (Father and Son I and II and school groups doing adventure trips – need experience on adventure trips)

When will you arrive at camp (see below for training or preseason work options)?, Date _____, for (Check where applicable)

___ Training ___ Preseason work with groups ___ Preseason support labor ___ Instructor for training ___ What ever is available or needed

___ Non of the above arrive May 25 by 5:30 pm

ORIENTATION: Lasts through June 4. You may arrive early for pre-approved training, program work or support preparation.

SESSIONS: June 3-22, June 25-July 20 and July 23-August 10.

Are you available for the entire time? _____ If not, what dates are you available? _____

In which of our activities would you prefer to work? Please list preferences and give your qualifications for those activities:

First Choice _____ Reason: _____

Second Choice _____ Reason: _____

Third Choice _____ Reason: _____

Check any of the following qualifications you have earned and indicate expiration dates:

(We will assume it's expired if you don't list the expiration date for course of limited coverage)

___ CPR-Exp _____ WFR Cert-Exp _____ WAFA-Exp _____ EMT-Exp _____ CDL-Exp _____

___ NRA Instructor-Exp _____ LIA-Exp _____ FIC ___ ACA Kayak Cert-Exp _____ WRT-Exp _____

___ Life Guard-Exp _____ Water Safety Instructor-Exp _____ Others _____

Please update the following:

Do you have any tattoos? _____ Describe _____

Are you willing to keep them hidden from the customers and staff the entire time you stay in a small 'close-quarters' community? _____

Do you have any body/nose/ear/etc piercing? _____ Describe _____

Do you have any new tattoos or piercings from last time you worked at camp? _____? Describe _____

Are you willing to take them out and keep them hidden from the customers, only wearing them on your time off? _____

Do you use tobacco? _____ Do you use alcoholic beverages? _____

Have you ever been convicted of a crime? _____ Explain _____

Have you ever been addicted to or treated for chemical dependence? _____ Explain _____

If asked to take a Drug Test would you be willing to do so upon initial arrival or if you were suspected by the administration for any reason? _____

Have there been any changes in you general health? _____ Explain _____

(A completed physical form supplied by us is required before the camp session begins.)

Accident Record for past 3 years or more

Dates	Nature of accident (Head-on, rear-end, upset, etc)	Fatalities	Injuries
Last			
Next previous			
Next previous			

(Attach sheet if more space is needed)

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Please indicate the age group with which you would be most comfortable as a Cabin Counselor:

7-9 _____ 10-12 _____ 13-14 _____ 15-16 _____ No Preference _____

Use additional paper for the following questions if necessary:

LIST any additional experience that you have had with children over the past year:

What suggestions do you have to improve the camp community or the camper experience?

In what specific ways do you feel you can contribute to a successful summer at Camp Carolina? *Cite previous summer as a guide!*

Why do you want to work at Camp Carolina again?

Is there any reason you might change your mind about your commitment to work at Camp Carolina before the arrival date you have given us, or any reason you might leave before the ending date of your contract?

Is there anything else we should have asked you?

I give my word that everything on this form is genuine and accurate. I will consistently do my best to be helpful and keep a positive outlook towards all aspects of the campers, staff and the camp itself. I will not break my vow I am now making to be a positive role model to the other staff and campers while at camp or on leave and will consistently follow the order of the law for this area and what is expected of me as a responsible staff.

Signature _____ Date _____