



INDIAN SPRINGS DAY CAMP

STAFF APPLICATION

Administrative Office: (610) 827-9444

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____

Date of Birth: ____/____/____ Email Address: _____

Type of Automobile: _____ Year: _____ Make: _____ Model: _____

EDUCATION

	Degree	Year			
High School: _____	_____	FR	SO	JR	SR
College: _____	_____	FR	SO	JR	SR

PROFESSIONAL TEACHING OR LEADERSHIP EXPERIENCE

Organization or School	Position	Name of Supervisor	Address or Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____

CAMP EXPERIENCE

Name of Camp	Year(s) Attended
1) _____	_____
2) _____	_____

PREVIOUS CAMP EMPLOYMENT (List recent employment first)

Name of Camp & Year(s)	Position	Name of Supervisor	Address or Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____

PREVIOUS EMPLOYMENT (List recent employment first)

Name of Company/Individual & Year(s)	Position	Name of Supervisor	Address or Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____

REFERENCES

Name	Phone	Email
1) _____	_____	_____
Mailing Address: _____		
2) _____	_____	_____
Mailing Address: _____		
3) _____	_____	_____
Mailing Address: _____		

Are there any camp activities you can teach? List any unique talents, skills, hobbies, etc. that you possess.

Position(s) desired (including age group preference of campers).

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ If so, please explain:

Have you ever been charged with a crime against a minor? Yes _____ No _____ If so, please explain:

Have you ever been charged with a crime involving sexual abuse? Yes _____ No _____ If so, please explain:

Do you possess:

PA Child Abuse History Clearance: Yes _____ No _____ Date Issued: _____

PA Criminal History Record Check: Yes _____ No _____ Date Issued: _____

FBI Fingerprint Check: Yes _____ No _____ Date Issued: _____

Please Note: Clearances may have to be obtained

Please list any other certifications. _____

THE APPLICANT WARRANTS THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. STATEMENTS AND REFERENCES WILL BE CAREFULLY CHECKED.

Signature: _____ Date: _____