

APPLICATION FOR 4H CAMP STAFF EMPLOYMENT



A program of Missouri 4-H and University of Missouri Extension

AA / EEO Employer

Mail or email completed application to:

Cathy Galland, gallandcs@missouri.edu, University of Mo. Extension, 201 North Street, Waynesville, MO 65583 **Due by March 1, 2019**

POSITION(S) APPLYING FOR (check all you are applying for):

- Camp Manager
 Outdoor / Environment
 Food Service Manager
 Lifeguard
 Crafts / Activities
 Health Care Manager
 Kitchen Assistant

T-Shirt size: _____

PERSONAL INFORMATION

Name (Last)	(First)	(Middle Initial)	E-mail Address
Current Address (Street)		(City / State / Zip)	
Permanent Address (Street)		(City / State / Zip)	
Home Phone Number ()	Work Phone Number ()	Cell Phone Number ()	
			Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name(s):
Have you ever been convicted of a felony and/or are you on a Sex Offender Registry list? <input type="checkbox"/> Yes <input type="checkbox"/> No List dates and explanation:			
How did you find out about this job opening? <input type="checkbox"/> Web page (Employment Opportunity List) <input type="checkbox"/> State 4H Office <input type="checkbox"/> Local 4-H Office <input type="checkbox"/> Other 4-H camp Staff <input type="checkbox"/> Newspaper (Identify) <input type="checkbox"/> Other (Please Explain):			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including **GED** if obtained.

Name & Location of School	# of yrs. Complete	Graduated		Degree & Major
College		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed:	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed:	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed:	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed:	
High School/GED		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed:	

SKILLS / OTHER QUALIFICATIONS

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Experience supervising | <input type="checkbox"/> Experience with sports | <input type="checkbox"/> WSI Certification |
| <input type="checkbox"/> Database | <input type="checkbox"/> Experience leading a team | <input type="checkbox"/> Experience with crafts | <input type="checkbox"/> R.N, L.P.N., or E.M.T. |
| <input type="checkbox"/> Spreadsheet | <input type="checkbox"/> Valid driver's license | <input type="checkbox"/> Ability to work outdoors | <input type="checkbox"/> Senior Nursing Student |
| <input type="checkbox"/> Email | <input type="checkbox"/> Knowledge of Dept of Health regulations for food service | <input type="checkbox"/> CPR Certification | <input type="checkbox"/> School Health Aid |

Please list other skills you have that would add to a 4-H camping program and describe your level of expertise. Examples include: arts & crafts, camping skills, dancing, music, nature skills, ropes course & challenge activities, storytelling, campfire, first aid, etc.

If applying for a lifeguard position, what is your certification level? Include date and place of certification, as well as any other pertinent information.

CAMP EXPERIENCE: List your camping experiences.

Dates / Years Attended Camp From: _____ To: _____		Camp Type, Name, and Location:
Position(s)		Camp Director Name and Phone Number:

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Position(s)		Camp Director Name and Phone Number:

EMPLOYMENT EXPERIENCES: List your paid and volunteer experiences, starting with the most recent.

Dates Employed (month/year) From: _____ To: _____		Organization Name and Location:
Position(s)		Supervisor Name and Phone #:

Dates Employed (month/year) From: _____ To: _____		Organization Name and Location:
Position(s)		Supervisor Name and Phone #:

Dates Employed (month/year) From: _____ To: _____		Organization Name and Location:
Position(s)		Supervisor Name and Phone #:

REFERENCES: Please list references that are familiar with your work, including former employers.

Name	Type of Reference	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address

CONTRIBUTIONS: In the box below, please briefly describe what contributions you think you can make to a strong camp staff team?

CAMP PURPOSE: In the box below, please briefly describe why you think a well run camp can be important in the life of a child.

OTHER QUALITIES: In the box below, please briefly other qualities you possess that you would be willing to share in a camp setting.

DRUG & ALCOHOL FREE: Camp Clover forbids the possession of alcohol or any illegal drugs on the premises. Please describe your thoughts on the importance of maintaining this type of camp environment for children.

PLEASE READ CAREFULLY AND CHECK THE BOX - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations of the Board of Curators affecting my employment shall constitute a part of my appointment or employment. I further understand that the University of Missouri has the right to review and investigate my education, previous employment, driving, and criminal records and other background data.

APPLICANT'S SIGNATURE: _____ DATE: _____