



## **Staff Application Form 2011**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Skype Name: \_\_\_\_\_

Position Applying for: (check all that apply)

- Camp Counselor
- Program Coordinator
- Art Instructor
- Fashion and Design Instructor
- Sports Instructor
- Early Childhood Educator
- Dance Instructor
- Arts and Crafts Specialist
- Drama Specialist
- Nature Specialist
- Music Specialist
- Sing-a-long Specialist
- Yoga Specialist
- Sports Specialist
- Martial Arts Specialist
- Cooperative Games Specialist
- Other. Please specify: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Post Secondary: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

Any additional qualifications, degrees, diplomas, and/or certificates?

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Do you have a valid First Aid/CPR certificate? \_\_\_\_\_

**Camp Experience**

Previous Camper experience:

Camp: \_\_\_\_\_ Year: \_\_\_\_\_

Camp: \_\_\_\_\_ Year: \_\_\_\_\_

Previous Camp Staff experience:

Camp: \_\_\_\_\_ Year: \_\_\_\_\_ Position: \_\_\_\_\_

Camp: \_\_\_\_\_ Year: \_\_\_\_\_ Position: \_\_\_\_\_

If you worked at another camp in the past, what is your reason for not returning? \_\_\_\_\_

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Have you completed an LIT or CIT program? \_\_\_\_\_

If so, at what camp? \_\_\_\_\_ year: \_\_\_\_\_

What other relevant work experience have you had?

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Any extra-curricular activities or hobbies?

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## **General Questions**

How did you hear about Camp Eden?

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Why do you want to work at Camp Eden?

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Do you have access to a car during the summer? \_\_\_\_\_

Which work period would you like to apply for? (Dates include mandatory Pre-Camp training)

- Full Summer (June 27-Aug 26)  
 Month of July (June 27 – July 29)

Have you been convicted of a criminal offense? \_\_\_\_\_

What is your expected salary for the entire summer? \_\_\_\_\_

Is there anything else you would like us to know about you?

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## **References**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please return to: [Sharon@1camp.com](mailto:Sharon@1camp.com) or fax: 905-248-3340 or drop off at: 8707 Dufferin St. Unit 1 Thornhill, On L4J 0A2 (Klim)