



'Camps that Care'

560 Center Street. Warrington, PA. 18976

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Email: CampConcepts@comcast.net

www.campconcepts.org

Creating happy and healthy summer camp programs for kids

### Employment Application

The information you list on this application is for the purpose of applying for a position with Camp Concepts, LLC.

Name \_\_\_\_\_ Age: \_\_\_\_\_ SS # \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street & Number City State Zip

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
Area & Number

Spouse \_\_\_\_\_ Children \_\_\_\_\_  
If applicable Names & Ages if applicable

Date of Birth: \_\_\_\_\_

- Position you are applying for:  **Counselor** – Responsible for specific age group of campers  
 **Activity Leader**- Teach various camp activities

**Specific Camp you are applying for:**

- Summer Explosion  Expressions  Little Buds  Cougar baseball/softball  Girl's Lacrosse  
1 wk. Ages 9-14 6 wks. Ages 4-16 8 wks. Ages 3-5 1 wk. Ages 8-15 1 wk. Ages 10-15  
 Cougar Tennis  Check here if you want to be considered for any of the listed camps.  
1 wk. Ages 8-14

**Past Work History** - Provide a full record of all employment-paid and volunteer-Include any positions on any camp staff. Use separate sheet, if necessary.

Dates	Employer	Address & Phone	Nature of Work	Reasons for Leaving

**References:** Please provide names and addresses of three persons [not relatives] having knowledge of your character, experience, work habits, and ability.

Name	Context of Relationship	Address & City	Phone & E-mail

**Additional Related Experience-** List any experience associated with working with children ages 3-14.

Dates	Name of program & supervisor	Location	List major responsibilities

\*If applying for **Expressions Camp**, please list any related experiences you have with children who are on the Autism Spectrum, have Asperger’s Syndrome, PDD-NOS, Nonverbal Learning Disabilities or other similar social challenges.

**Education-** High School and Beyond

Years	School	Achievements	Degree Granted

**Write a brief biographical paragraph that explains why you think you would make a great employee for Camp Concepts? Include any special talents or contributions you think you can offer that would enrich the lives of campers that you work with?**

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**Additional Certifications Do you have:**

Adult CPR certification?	Yes	No	Expiration date_____
Child or Infant CPR certification?	Yes	No	Expiration date_____
First Aid certification?	Yes	No	Expiration date_____
Lifeguard certification?	Yes	No	Expiration date_____
AED training?	Yes	No	

**Camp Program Skills.** Please rate yourself on how confident or qualified you feel in the following areas:  
1= low 5= high

- \_\_\_ leading simple games like tag, kickball, duck, duck, goose, etc.
- \_\_\_ leading more complex games that involve elements of individual skill, teamwork and cooperation.
- \_\_\_ ability to clearly give simple and clear instructions to kids.
- \_\_\_ taking initiative to lead even when other adults are around.
- \_\_\_ artistic creativity i.e. crafts, drawing, painting.
- \_\_\_ desire to do a thorough and complete job.
- \_\_\_ can think independently and stay motivated even when adult leaders are not watching.
- \_\_\_ handling pressure situations such as a camper injury or an upset parent or child.
- \_\_\_ taking constructive criticism or feedback from an employer.
- \_\_\_ work ethic: being on time, ability to work hard, being dependable, etc.
- \_\_\_ how confident would you feel being involved in skits or dances in front of campers, staff and/or parents

**Criminal Record- Have you ever been convicted of a crime? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction, and when it occurred will be evaluated by the Camp Concepts before any decision is made.) If it does interfere with your hire, we will discuss it with you first. YES  NO**

Explain:

My signature indicates that the information provided in this application is true and accurate. I also understand that my references will be checked for verification.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please mail to : 560 Center St. Warrington, Pa. 18976 or fax: 215-491-3259