

Discharge Date: ____/____/____ Rank at Discharge: _____

*Information sought solely to facilitate reference checks.

Work History

List present or most current job first. Please include all employment (you may also list volunteer positions). If more space is needed, please attach additional sheets.

Dates: From ____/____/____ to ____/____/____

Company Name, Address & Phone: _____

Job Title & Duties: _____

Supervisor's Name: _____ Pay: \$ _____ Per _____

Reason for Leaving: _____

Dates: From ____/____/____ to ____/____/____

Company Name, Address & Phone: _____

Job Title & Duties: _____

Supervisor's Name: _____ Pay: \$ _____ Per _____

Reason for Leaving: _____

Dates: From ____/____/____ to ____/____/____

Company Name, Address & Phone: _____

Job Title & Duties: _____

Supervisor's Name: _____ Pay: \$ _____ Per _____

Reason for Leaving: _____

Staff Questions: *Please use an additional sheet of paper to explain your answers.*

Describe any previous camp experience you have had (as a camper or staff member):

Describe any extra curricular activities you participate in, including volunteer positions:

Describe any experiences you have had working with children (babysitting, after school care, etc.):

What do you think children can learn from a camp experience?

What qualities do you possess that will make you a good camp counselor?

Given the unusually demanding nature of this job, what do you anticipate will be the stressors and rewards?

GENERAL PROGRAM SKILLS: Rate your experience/skill on a scale of 1 to 5, with 5 being excellent.

_____ Story Telling

_____ Song Leading

_____ Team Building

_____ Leading Games

_____ Leading Discussions

_____ Conflict Resolution

_____ Skits/Talent Show MC

Skills

Please list your skill level in any of the following activity areas:

- 1 = experienced teacher
- 2 = experienced assistant
- 3 = assistant only (but willing to learn)

SPORTS	WATER SPORTS	CREATIVE ARTS	OUTDOOR PURSUITS	SUPPORT POSITIONS
Soccer	Swimming	Arts & Crafts	Archery	Nurse (RN/LPN)
Basketball	Lifeguard	Sewing/Fabric Arts	High Ropes	Health Care Assistant
Baseball	Water Polo	Jewelry Making	Low Ropes	Laundry
Softball	Canoeing	Painting	Climbing Wall	Housekeeping
Volleyball	Kayaking	Drawing	Mountain Biking	Maintenance
Cheerleading	Rowboating	Theater (technical)	Fishing	Chef
Fitness and Weights	Sailing	Theater (acting)	Nature/Ecology	Ass't Chef
Boxing and Wrestling		Dance (classical)	Farm Animals	Dining Room Manager
Other		Dance (jazz/modern)	Survival Skills	Kitchen Assistant
		Singing	Overnight Camping	Office Assistants
		Musical Instruments		Office Manager
				Book Keeper

MISCELLANEOUS

Computers/Web Design Behavior Management Journalism Radio Station Teen Programs

Other (anything not listed above):

List your three strongest activity skills below, providing details of teaching and personal experience;

Rate your swimming ability o excellent o good o fair o non-swimmer

Skill 1: Do you feel you could:

- Teach
- Lead/Assist

Skill 2: Do you feel you could:

- Teach
- Lead/Assist

Skill 3: Do you feel you could:

- Teach
- Lead/Assist

Have you had any experience working with children with behavioral or emotional difficulties, children from at-risk populations, or children in crisis? (e.g. homeless children, victims of abuse)

Which age group would you prefer to work with?

7 and 8: 9,10 and 11: 12 and 13: 14, 15 and 16: Any age group:

Is there any additional information you would like us to consider when reviewing this application?

How did you find out about Crossroads for Kids?

Would you be available to attend a personal interview in the Boston area? (while we prefer to meet you in person, we can also conduct an interview by telephone)

Professional Licenses and Certifications

List all professional registrations, licenses, and certifications relevant to the position you are seeking.

Professional discipline/area	License or certif. number	Mo./Yr. obtained	Expiration date	State/granting authority
		/ /	/ / /	
		/ /	/ / /	

Have you ever been subject to professional disciplinary action or had a registration, license or certification denied, suspended, or revoked either temporarily or permanently? Yes No If yes, explain in detail:

CURRENT CERTIFICATIONS Agency refers to American Red Cross, YMCA certification, etc

High/Low Ropes Course	<input type="checkbox"/> No <input type="checkbox"/> Yes	First Aid	<input type="checkbox"/> No <input type="checkbox"/> Yes: Agency _____
Canoe	<input type="checkbox"/> No <input type="checkbox"/> Yes	CPR	<input type="checkbox"/> No <input type="checkbox"/> Yes: Agency _____
Lifeguard	<input type="checkbox"/> No <input type="checkbox"/> Yes:	Agency	_____
Teaching License	<input type="checkbox"/> No <input type="checkbox"/> Yes	Water Safety Instructor	<input type="checkbox"/> No <input type="checkbox"/> Yes
Social Worker	<input type="checkbox"/> No <input type="checkbox"/> Yes	Registered Nurse	<input type="checkbox"/> No <input type="checkbox"/> Yes
Responding to Emergencies (RTE)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Food Service Serve Safe	<input type="checkbox"/> No <input type="checkbox"/> Yes

Would you be willing to participate in a life guarding course at Camp? Yes No, thanks

Crossroads for Kids is committed to offering campers a wide variety of engaging activities. Do you have any skills or hobbies that you would be willing to teach to small groups of campers (magic tricks, juggling, origami, sign language, etc.)? Please explain.

Professional Licenses and Certifications

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		/ /	/ / /	
		/ /	/ / /	

Have you ever been subject to professional disciplinary action or had a registration, license or certification denied, suspended, or revoked either temporarily or permanently? Yes No If yes, explain in detail:

REFERENCES

Name three people, not relatives or other applicants, who know you well.
These are the people who we will contact in regards to your character and experiences in working with youth.

NAME	RELATIONSHIP TO YOU	PHONE	YEARS KNOWN
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NAME	RELATIONSHIP TO YOU	PHONE	YEARS KNOWN
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NAME	RELATIONSHIP TO YOU	PHONE	YEARS KNOWN
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Conviction Information

Criminal convictions are not an absolute bar to employment, but will only be considered in relation to the specific job requirements of the position for which you have applied. An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a criminal conviction.

Have you ever been convicted of a felony and/or sexual crime? Yes No If yes, give date(s) and explain:

Have you been convicted of a misdemeanor within the past 5 years? (Do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, disturbances of the peace, or actions related to civil disobedience). Yes No If yes, give date(s) and explain:

WAIVERS

As a staff member working at Camp Crossroads for Kids, you will be giving up a great deal of privacy and comfort, working long and demanding hours, adhering to camp policies which may be limiting and not necessarily reflect your way of living (i.e. curfews, time off, time on, no smoking, no drinking alcohol etc.) Do you believe you will be able to adjust to this type of lifestyle for two months?

I Agree:

I understand that in order to be considered for employment at a Crossroads for Kids summer program, I need to have a physical examination conducted by a licensed physician within the 24 months prior to the start of camp. I also acknowledge that I need to have my own health insurance to cover any pre-existing conditions, common ailments (i.e. not injured on the job), or personal medications that I may need while I am at camp. I understand that failure to comply with these requirements may render me ineligible to be employed by Crossroads for Kids, Inc. I have read and understand these medical and health insurance requirements.

I Agree:

I have applied for employment at Crossroads for Kids, Inc. By completing this application form, I understand that the Camps may wish to contact state and local police, my former employers, educational instructors, and references as indicated on the application to inquire about my past records and characteristics as they may relate to the position for which I am applying. I understand the purpose of this inquiry will be to obtain information so that my qualifications for employment may be reviewed, evaluated and considered. In agreeing to this waiver, I expressly authorize Crossroads for Kids, Inc. to make an inquiry of the state and local police, my former employers, educational institutions, and references as indicated on this application. I also understand that I will be required to provide a background check signed by my local police station if I live outside the state of Massachusetts. The information will be kept confidential.

I Agree: