

# Camp Allen Application for Employment

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Name

## Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone number

## Permanent Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

## In case of emergency contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

Are you at least 18 years old? (Check one)  Yes  No If no, state your age \_\_\_\_\_

## Position applying for (Rank in order according to your experience and interest)

\_\_\_ Management (Director Level)

Program Coordinator in: \_\_\_ Aquatics \_\_\_ Nature \_\_\_ Arts \_\_\_ Games

\_\_\_ Counselor \_\_\_ Nurse \_\_\_ Intern / Practicum \_\_\_ Volunteer

\_\_\_ Food Service Manager \_\_\_ Cook \_\_\_ Kitchen Support \_\_\_ Maintenance Laundry

\_\_\_ Other \_\_\_\_\_

Dates Available From \_\_\_\_\_ To \_\_\_\_\_

If you are hired, are there any special days you need off? \_\_\_\_\_

If you are hired, would you need housing for any person(s) other than yourself?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have a valid driver's license? (Check one)  Yes  No State \_\_\_\_\_

Do you have a Chauffeur's License?  Yes  No

Do you know American Sign Language?  Yes  No

Do you know Signed English?  Yes  No

Do you speak a foreign language?  Yes  No If yes, which language(s)?

---

## Employment History

\_\_\_\_\_

Date	Employer
------	----------

_____	_____
-------	-------

_____	_____
-------	-------

\_\_\_\_\_

Date	Employer
------	----------

_____	_____
-------	-------

_____	_____
-------	-------

\_\_\_\_\_

Date	Employer
------	----------

_____	_____
-------	-------

_____	_____
-------	-------

May we contact all employers?

Yes  No

If no, please indicate which:

---

## Camp Experience

---

Date	Camp	Phone Number
------	------	--------------

---

Address

---

Director	Camper or Staff?
----------	------------------

---

Date	Camp	Phone Number
------	------	--------------

---

Address

---

Director	Camper or Staff?
----------	------------------

## References

---

Name	Phone Number
------	--------------

---

Address

---

Name	Phone Number
------	--------------

---

Address

---

Name	Phone Number
------	--------------

---

Address

## Education

Dates	School	Major Study	Degree
_____	_____	_____	_____
_____	_____	_____	_____

## Certifications and Training (Check all that apply)

	Date	Expires
<input type="checkbox"/> Standard First Aid	_____	_____
<input type="checkbox"/> Advanced First Aid	_____	_____
<input type="checkbox"/> CPR (ARC, AHA)	_____	_____
<input type="checkbox"/> First Aid Instructor	_____	_____
<input type="checkbox"/> EMT	_____	_____
<input type="checkbox"/> Emergency Water Safety	_____	_____
<input type="checkbox"/> Advanced Life Saving	_____	_____
<input type="checkbox"/> Lifeguard (ARC, YMCA, BSA)	_____	_____
<input type="checkbox"/> Bronze Medallion	_____	_____
<input type="checkbox"/> Water Safety Instructor	_____	_____
<input type="checkbox"/> Aquatics Instructor	_____	_____
<input type="checkbox"/> Small Water Crafts Instructor	_____	_____
<input type="checkbox"/> Adaptive Aquatics	_____	_____
<input type="checkbox"/> ABA Trained	_____	_____

**Other Relevant Certifications**

\_\_\_\_\_

\_\_\_\_\_

**Additional training, courses or experience**

List any other information regarding experience with individuals whom have disabilities and all organized camping experience.

---

---

---

---

**Why do you want to work for Camp Allen?**

---

---

---

---

---

**What would you contribute to the campers and Camp Allen?**

---

---

---

---

**Do you have any questions for Camp Allen?**

---

---

---

**Are you available for an interview?**  Yes  No      If yes when? \_\_\_\_\_

**Is there any other information that you would like us to know about you that will assist us in making a decision?**

---

---

---

---

---

---

**Have you ever been convicted of a crime?**  Yes  No If yes, please indicate date \_\_\_\_\_

State / Location \_\_\_\_\_

Current Status of Sentence \_\_\_\_\_

**Would you allow Camp Allen to use a photo or video of you to be used to advertise Camp Allen to potential Campers, Families, Donors and Civic Organizations?**

Yes  No Please Sign, Date and agree to the following:

I authorize investigations of all statements herein and release Camp Allen and all others from liability in connection with same. I understand that if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the Executive Director of Camp Allen. I also understand that any false, misleading or omitted information herein may result in dismissal, regardless of the time of discovery by Camp Allen.

---

Applicant's Signature

Printed Name

Date

All statements are part of any future employee personnel file. Please return this application to:

Camp Allen 56 Camp Road.  
Bedford, New Hampshire 03110  
Phone: (603) 622-8471  
Web: campallennh.org

