



SUMMER CAMP STAFF APPLICATION

OFFICE ONLY:

Date Rec'd: ____/____/____
Interview Date: ____/____/____
Hire Date: ____/____/____
Initials: _____

CELEBRATING CAMPING FOR 65 YEARS!

Our mission is to provide individuals with disabilities an enriched life experience through recreation, advocacy and meaningful relationships.

PERSONAL INFORMATION

DATE: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS (if different from above): _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT PHONE: _____ CELL PHONE: _____

EMAIL: _____

ARE YOU 18 OR OVER? Yes No

HOW DID YOU HEAR ABOUT INDIAN TRAILS CAMP? _____

POSITION APPLIED FOR

Please indicate choice #1, #2, and #3 by preference. All summer camp positions are live-in, full-time, seasonal positions unless otherwise noted.

FOOD SERVICE (optional live-in positions):

- FOOD SERVICE
- OTHER _____

HEALTH:

- RN
- LPN
- HEALTH OFFICER

GENERAL:

- CAMP COUNSELOR
- DAY CAMP COUNSELOR
- PROGRAM DIRECTOR



Indian Trails Camp is an equal opportunity employer

0-1859 Lake Michigan Dr. NW
Grand Rapids, MI 49534

MAILING: PO Box 97
Grandville, MI 49468

Ph: 616.677.5251
Fax: 616.677.2955
Email: kpolzin@ikuslife.org



EDUCATION, TRAINING AND BACKGROUND INFORMATION

COLLEGE OR UNIVERSITY: _____

DATES: _____ HIGHEST YEAR COMPLETED OR CURRENTLY ENROLLED: _____

PLEASE LIST YOUR COURSE OF STUDY OR DEGREE: _____

CURRENT CERTIFICATIONS: First Aid CPR Lifeguard Ropes Course EMT Other: _____

WORK EXPERIENCE

DATES EMPLOYED: _____ EMPLOYER: _____

POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED: _____ EMPLOYER: _____

POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED: _____ EMPLOYER: _____

POSITION: _____ REASON FOR LEAVING: _____

DATES EMPLOYED: _____ EMPLOYER: _____

POSITION: _____ REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

List 3 professional references and do not include relatives:

1 NAME: _____ PHONE: _____ EMAIL: _____ RELATIONSHIP TO YOU: _____

2 NAME: _____ PHONE: _____ EMAIL: _____ RELATIONSHIP TO YOU: _____

3 NAME: _____ PHONE: _____ EMAIL: _____ RELATIONSHIP TO YOU: _____





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WHY DO YOU DESIRE TO WORK AT ITC? _____

LIST AND DESCRIBE ANY EXPERIENCES YOU HAVE HAD THAT AFFECT YOUR OUTLOOK ON INDIVIDUALS WITH DISABILITIES:

WHAT UNIQUE CONTRIBUTIONS DO YOU THINK YOU CAN BRING TO ITC? _____

WHAT ELSE SHOULD WE KNOW ABOUT YOU? _____

If necessary, attach a separate sheet.

EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____



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PLEASE READ THIS CAREFULLY BEFORE SIGNING

I understand that submission of this application does not assure that I will be employed. I certify that the statements made by me in this application are true and complete. I understand that any false statement on this application may cause rejection of the application, or dismissal if such false statement is discovered subsequent to employment. I hereby give Indian Trails Camp permission to investigate my employment history, police record, character, general reputation, and all other matters in which they have legitimate interest, and authorize any person or firm contacted by them to give them all requested information. I expressly waive any right to receive written notice of the provision of such information or reports.

I understand that I have the right to request that the Camp fully and accurately disclose to me the nature and scope of all investigations, provided I make a written request to the Executive Director within a reasonable period of time after filling out this application. I understand that if offered employment, the offer is dependent upon my satisfactorily passing a physical examination and associated laboratory test, which may include drug and alcohol screening. Should I be offered employment, I hereby authorize and direct all medical personnel to provide copies of examination and test results and reports to Indian Trails Camp.

I understand that employment shall be at such terms and conditions as the Executive Director may determine and change from time to time and is based upon the requirement that the employees become familiar with and abide by the rules, regulations, policies, and procedures of the Camp as may be established and change from time to time. Such employment can be terminated by the Executive Director at any time, with or without notice, regardless of any other forms, manuals, handbooks, etc.

I understand that no one except the Director has the authority to enter into any agreement for employment on other than a "terminable at will" basis, and that no such agreement shall be effective or binding unless it is in writing, signed by the parties and subsequently ratified by resolution of the Board of Trustees of Indian Trails Camp.

I acknowledge that I have read and understand the foregoing disclosures, waivers, releases, and agreement.

SIGNED: _____ **DATE:** _____

Thank you for applying for a position with Indian Trails Camp. This application will remain active for a period of six (6) months from the date of completion. Should you wish to reactivate or amend your application at the end of this six (6) month period, please notify the Director of Program Services in writing at that time.

(All statements become a part of any future employee's personnel files.)

