

# CAMP ALLEN

3104 Wayne Route F  
GREENVILLE, MO 63944  
Jonathan Rice, Administrator  
Phone: 573-224-3826 Fax: 573-224-5481  
www. CampAllen.com E-mail: campallen1954@gmail.com

## SUMMER STAFF APPLICATION

**PLEASE PRINT** Date \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_ Male \_\_\_ Female

School Attended \_\_\_\_\_ Date \_\_\_\_\_

School Attended \_\_\_\_\_ Date \_\_\_\_\_

School Attended \_\_\_\_\_ Date \_\_\_\_\_

Church Attending \_\_\_\_\_ City \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### Area of Interest: (Circle All Areas Of Interest )

\* Food Service\* Lifeguard \*Outdoor Recreation \*Camp Store Manager \*Coffee Shop Barista

### References

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# Work Experience

1 Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Type of work \_\_\_\_\_  
Your Position or Title \_\_\_\_\_  
Firm's telephone \_\_\_\_\_ - \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
If you left your job, list the reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Type of work \_\_\_\_\_  
Your Position or Title \_\_\_\_\_  
Firm's telephone \_\_\_\_\_ - \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
If you left your job, list the reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Type of work \_\_\_\_\_  
Your Position or Title \_\_\_\_\_  
Firm's telephone \_\_\_\_\_ - \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_  
If you left your job, list the reason for leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal

List any current certifications and licenses (lifeguard, first aid, CPR outdoor skills and / or other professional licenses). Please give expiration date.

---

---

---

---

Are you a Christian? \_\_\_\_\_ When did you become a Christian? \_\_\_\_\_ Describe.

---

---

---

How do you feel about Christianity, and what role does it play in your life? \_\_\_\_\_

---

---

---

---

Describe yourself in one word. \_\_\_\_\_

Please list your strong points. \_\_\_\_\_

---

---

Please list your weak points. \_\_\_\_\_

---

---

# CAMP ALLEN INFORMATION RELEASE FORM

## Have you at any time ever:

Been arrested for any reason?  Yes  No

Been convicted of, or pleaded no contest to, any crime?  Yes  No

Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes  No

## Are you aware of:

Having any traits or tendencies that could pose any threat to children, youth, or others?  Yes  No

Any reason why you should not work with children, youth, or others?  Yes  No

If the answer to any of these questions is "yes," please explain in detail:

---

---

---

*(Please attach additional pages if more space is needed)*

## Applicant Verification and Release

I recognize that Camp Allen is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize Camp Allen to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualification.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize Camp Allen to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and guidelines of Camp Allen, and to protect the health and safety of the children/youth at all times.

Comments: \_\_\_\_\_

---

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Be watching for follow up/further communications. Thanks!