

UNITED CEREBRAL PALSY OF DELAWARE, INC.

3249 MIDSTATE ROAD, FELTON, DE 19943

P: 302-335-5626 F: 302-335-5716



**CAMP LENAPE
STAFF/VOLUNTEER APPLICATION**

APPLICANT INFORMATION **TODAY'S DATE** _____

Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

Please check which position you are applying for, notating with 1st, 2nd, 3rd choice:

Volunteer (14 and older) _____ Junior Counselor (16 and older) _____ Senior Counselor (17 and older) _____

Art Director _____ Sports Director _____ Camp Director _____ Assistant Camp Director _____

What Is Your Availability (Camp is 7/2/18 – 8/10/18, M-F, 7am – 6pm)

Do you meet or exceed the minimum age requirements for that position? Yes _____ No _____

Can you perform the essential functions of the job for which you have applied? Yes _____ No _____

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three references (not relatives) having knowledge of your character, experience, work habits, and ability

Full Name Relationship

Company Phone

Address

Full Name Relationship

Company Phone

Address

Full Name Relationship

Company Phone

Address

PREVIOUS EMPLOYMENT: (BE SURE TO INCLUDE PREVIOUS CAMP (EXPERIENCE))

Company Phone

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

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From To Reason for Leaving

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CERTIFICATIONS: (please supply copy of certification)

First Aid: _____ Expiration Date: _____

CPR: _____ Expiration Date: _____

Lifeguard: _____ Expiration Dated: _____

Other certifications: _____

Please list any talents or interests you are willing to share with the campers:

***** Delaware law states that all staff and volunteers over the age of 18, who work with children are required to be fingerprinted. Staff and volunteers ages 16-18 must fill out a Summer Camp Conviction History Record & Child Protection Form from The Department of Services for Children, Youth, and Their Families*******

Criminal Record: Have you ever been convicted of a crime, other than a minor traffic offense? 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 and the State of Delaware Purchase of Care before any decision is made.) Yes _____ No _____

Explain:

DISCLAIMER AND SIGNATURE

I authorize investigation of all statements herein, including any checks of criminal records, national sex offender website and release the camp and all others from liability in connection with same. I give permission to contact all references. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status.

Signature

Date

IF UNDER 18, HAVE PARENT FILL IN BELOW

I give permission for my son/daughter _____, to do volunteer work with children at Camp Manito. I understand that the position of a volunteer is provisional and not guaranteed for the duration. I understand that my child's work performance will be evaluated by the Director, and their status as a volunteer will be discussed at that time.

Signature

Date