



BOULDER RIDGE DAY CAMP

2012 STAFF APPLICATION

Administrative Use Only

Date rec'd _____
 Interview _____
 Position offered _____
 Salary _____
 Sent _____
 Rec'd _____
 Rejt _____

Name: _____ Sex: M F

Age as of June 15th, 2012: 16 or older 18 or older 20 or older 21 or older

This information is required to comply with state and ACA standards, which have minimum age requirements.
 Please indicate if you have a mid-summer birthday and what age you will be turning.

Staff training happens within the 10 days proceeding the camp season, which runs from June 25th through August 17th. Do you have any conflicts that would interrupt this season? If so, please explain:

Birthday: _____ Email: _____

Please list the email that you are able to check the most frequently year-round.

Cell Phone: _____ Home Phone: _____

Mailing Address (Home): _____

City, State, Zip Code: _____

If You Go Away to School:

Mailing Address (School): _____

City, State, Zip Code: _____

Phone at School: _____ Until what date will you be there? _____

All mailings will be sent to your home address, as we've found this to be the most reliable. If you prefer otherwise, please let us know.

What position(s) are you interested in? _____

For most updated list, see www.boulderday.com.

What salary do you expect for eight weeks of camp, plus training? _____

EDUCATION: (If more space is needed, you may use the back of this page or additional paper.)

High School: _____ City, State: _____

Course of Study: _____ Years Completed: _____ Graduate: yes no

College: _____ City, State: _____

Course of Study: _____ Years Completed: _____ Graduate: yes no

CAMP EXPERIENCE: (Include both staff and camper experiences, starting with the most recent. If more space is needed, you may use the back of this page or additional paper.)

Camp Name: _____ City, State: _____

Position(s), Year(s): _____

Director: _____ Phone: _____

Camp Name: _____ City, State: _____

Position(s), Year(s): _____

Director: _____ Phone: _____

WORK EXPERIENCE: (Start with most recent job and include all previous employment. If more space is needed, you may use the back of this page or additional paper.)

Position: _____ Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Dates Employed: From: _____ To: _____

Reason for leaving: _____

Work Performed (Job Duties): _____

Position: _____ Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Dates Employed: From: _____ To: _____

Reason for leaving: _____

Work Performed (Job Duties): _____

Position: _____ Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Dates Employed: From: _____ To: _____

Reason for leaving: _____

Work Performed (Job Duties): _____

REFERENCES: (Include at least 2 previous employers, if possible. Do not list relatives or personal friends.)

Name: _____ Phone: _____

How do they know you? _____

Name: _____ Phone: _____

How do they know you? _____

Name: _____ Phone: _____

How do they know you? _____

Name: _____ Phone: _____

How do they know you? _____

CERTIFICATIONS: (Specify certifying body, e.g. Red Cross, YMCA, etc. Please send copies with application.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Archery | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> First Aid | <input type="checkbox"/> Wilderness First Aid |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> CPR | <input type="checkbox"/> EMT |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Professional Rescuer CPR | <input type="checkbox"/> Ropes Course Facilitator |
| <input type="checkbox"/> Boating License | <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Other: _____ |

Are you interested in being certified in any of the above? If so, which ones? _____
 (Certifications will be done at no cost in early June.)

SKILL ASSESSMENT: Only fill out this section if you wish to be considered for a Program Area Counselor (activity specialist) position.

Waterfront:

- Swim Instruction
- Canoeing
- Kayaking
- Boating

Sports:

- Soccer
- Tennis
- Basketball
- Volleyball
- Floor Hockey
- Baseball/Softball
- Lacrosse
- Golf
- Gymnastics/Tumbling
- Cheerleading
- Martial Arts
- Group Games

Arts & Science:

- Plays/Directing
- Acting/Skits
- Instruments/Piano
- Music
- Singing/Song Leading
- Dance/Choreography
- Hip Hop
- Crafts
- Candle Making
- Painting
- Drawing
- Gimp/Lanyard
- Pottery/Ceramics
- Photography
- Journalism
- Cooking
- Science Experiments

Outdoor Adventure:

- Archery
- Outdoor Cooking
- Climbing Tower/Zip Line
- Low Ropes Course
- Team Building/Initiatives
- Overnight Camping
- Hiking
- Nature
- Mountain Bikes
- Fishing
- Other: _____
- Other: _____
- Other: _____

If you feel comfortable teaching any of the above activities, please detail your experience below:

Activity: _____ Years of Experience: _____

Experience: _____

Activity: _____ Years of Experience: _____

Experience: _____

PLEASE ANSWER THESE QUESTIONS ON AN ATTACHED PIECE OF PAPER:

1. Please detail your camping background and your experiences working with children. Include children’s ages and your responsibilities.
2. What character qualities do you possess that would be particularly useful as a camp staff member? Please give examples of how you have demonstrated these qualities.
3. Why do you want to work at Boulder Ridge this summer?

If you would like to be considered for a Program Area Counselor (activity specialist), please also answer the following questions:

1. What past leadership positions have you held? Please list responsibilities.
2. Describe a quality lesson plan. How would you effectively teach a group of children? Give examples.

If you would like to be considered for an administrative role (e.g. Head Counselor, Special Events Coordinator, etc.), please answer the following questions:

1. What past leadership positions have you held? Please list your responsibilities.
2. What position would you like to be considered for? How would you handle this role? What positive attributes would you bring to Boulder Ridge using this role?

Do you have any disabilities of sight, hearing, mobility or other health concerns that might affect your ability to participate in our active summer program? Yes No

If yes, please explain: _____

Describe any special conditions that affect your accepting employment at camp: _____

Have you ever been convicted of a felony or crimes against children? Yes No

If yes, please explain: _____

Additional comments: _____

Our camps are committed to ensuring a drug, tobacco and alcohol-free work place. If any staff members are found to be in possession of drugs or alcohol on camp premises, or under the influence of drugs or alcohol on camp premises, they will be dismissed immediately.

I authorize Ebner Camps Inc. doing business as Boulder Ridge Day Camp to conduct an employment and/or background check of all statements and information herein and release the camp and all others from liability in connection with the same. I understand that investigation may include criminal background checks. I understand that untrue, misleading or omitted information herein (including any attachments, resumes, or information provided during interviews) will result in dismissal, regardless of the time of discovery by the camp. I understand that, if employed, I will be an at-will employee.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Return to: Boulder Ridge Day Camp 104 Goose Green Rd. Barkhamsted, CT 06063
P: (860) 379-6500 F: (860) 921-5165 E: info@boulderday.com