

# Camp Moosilauke Staff Application

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License #, State and Expiration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

**Education**

Years	School	Major Subjects	Degree

Present Occupation: \_\_\_\_\_

**Past Employment (Begin with most recent positions)**

Dates	Employer	Address/Phone	Position	Supervisor

**Camp Experience**

Dates	Camp	Director	Address/Phone	Position

**References (Please provide three names, phone numbers and email addresses)**

Name	Phone Number	Email Address	Relationship

What type of position do you want at Camp? \_\_\_\_\_ Salary desired? \_\_\_\_\_

Dates available: From \_\_\_\_\_ To \_\_\_\_\_

What contributions do you think you can make at Camp?

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Please mark 1 in front of those activities that are just a hobby, 2 for those you can assist, and 3 in front of those which you are expert/have coached or taught and "C" for those in which you have current certification.

<u>LAND SPORTS</u>	<u>WATERFRONT</u>	<u>OTHER/SPECIAL</u>	<u>WILDERNESS</u>
Archery	Canoeing	Mountain Biking	Backpacking
Baseball	Kayaking	Running	Hiking
Basketball	Fishing	Music	Ropes Course
Football	Windsurfing	Wrestling	Nature Instruction
Golf	Sailing		Rock Climbing
Lacrosse	Swim Instruction		
Soccer	Water-skiing	Photograph	Other: _____
Tennis	WSI Date Exp. _____	Arts and Crafts	_____
Track			
Ultimate Frisbee	Lifeguard	Woodworking	_____
Volleyball			

Please indicate if you have the following certifications (include expiration dates).

First Aid \_\_\_\_\_ CPR \_\_\_\_\_ Lifeguard \_\_\_\_\_ WSI \_\_\_\_\_  
Wilderness First Responder \_\_\_\_\_ Wilderness First Aid \_\_\_\_\_ Other \_\_\_\_\_

What teaching/coaching/playing experience have you had in your preferred activity areas listed above?  
Please specify level (HS, College) and age of people you have coached or worked with:

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Write a brief biographical sketch, including specialized training that might have a bearing on the position (s) for which you are applying.

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Are you a smoker? Yes \_\_\_\_\_ No \_\_\_\_\_ We are a smoke-free campus. Are you prepared not to smoke while on duty? \_\_\_\_\_

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

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

PLEASE SIGN AND RETURN BY EMAIL TO [kmiller451@aol.com](mailto:kmiller451@aol.com) OR MAIL TO THE FOLLOWING ADDRESS:

Kenny Miller  
28640 Buchanan Dr.  
Evergreen, CO 80439  
Phone:(303) 670-2066