



Camp Susan Curtis

Susan L. Curtis Foundation

Winter address:
1321 Washington Ave. Ste 104
Portland, ME 04103
207-774-1552
eweever@susancurtisfoundaiton.org

Summer address:
236 Allen Road
Stoneham, ME 04231
207-928-2951
www.susancurtisfoundation.org

Please Attach Resume if Applicable

Date of Application _____

Date of Birth _____
(Optional if over 25 years of age)

Name _____
First Middle Last

Year in school/college _____

Social Security Number _____

Present Occupation _____

Permanent Address _____
Street & Number City State Zip

Phone _____ Fax _____ E-mail & Screen Name _____

How or from whom did you learn about Camp Susan Curtis? _____

Are you free from personal or professional commitments this summer? If not, please describe them: _____

What type of position / responsibility do you want at camp? _____

A counselor is expected to participate with campers in all activities, including but not limited to swimming, sports, and hiking. Do you have any physical or emotional conditions, which preclude your full participation as a counselor?

If yes, please explain: _____

Camp Susan Curtis is a children / family environment. Are you fully prepared to role model to support our stance on these values and policies? (This pertains to drugs, alcohol, tobacco, inappropriate behavior.)

EDUCATION

High School _____
Name and location

College or University _____
Name and location

Major Field (s) of study: _____

CAMP / KID / EXPERIENCE (list years as an employee first, followed by years as a camper)

1. _____
Position Camp Address

Director Phone Dates

2. _____
Position Camp Address

Director Phone Dates

Why do you want to work at Camp Susan Curtis? _____

COMMUNITY SERVICE / VOLUNTEER EXPERIENCE

Agency Name	Your Title	Date Started	Date Ended	
Address	City	State/Zip	Supervisor's Name	Phone #

Please describe duties and responsibilities _____
Why did you choose this service? _____

EMPLOYMENT EXPERIENCE (we will contact current & former employers)

1. _____
Position Employer Address and phone number

Dates employed Supervisor Reason for leaving

2. _____
Position Employer Address and phone number

Dates employed Supervisor Reason for leaving

DRIVING RECORD (if Applicable)

License Number _____ State _____ Class _____ Expiration Date _____

REFERENCES (Please do not include relatives)

Please include reference from 3 people who can tell us about you and your experience working with children. List their names and addresses below. If possible include one from a supervisor. .

1. _____
Name Title Phone Number

City/State In what capacity do you know this person?

2. _____
Name Title Phone Number

City/State In what capacity do you know this person?

3. _____
Name Title Phone Number

City/State In what capacity do you know this person?

CRIMINAL RECORD

Because the Camp employs people to work with or for young children, the Camp may have a background check conducted by a state or local agency on all applicants. Have you ever been convicted of a crime, other than a minor traffic violation? (NOTE: A prior conviction is not an automatic bar to employment. The Camp will evaluate the type of conviction and when it occurred before any decision is made.)

Yes No

Explain _____

HARASSMENT

The Camp’s policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (NOTE: A prior accusation or conviction is not an automatic bar to employment. The Camp will evaluate the type of conviction or accusation and when it occurred before any decision is made.) Yes No

Explain _____

PLEASE COMPLETE ALL OTHER SECTIONS FIRST, THEN READ CAREFULLY BEFORE SIGNING

If you have any questions regarding this application or the following statement, please ask them of the Director or the interviewer before signing.

The Camp encourages people of any ethnic or national origin, color, religion, sex, or handicap to apply to the Camp. No question on this application is intended to secure information to be used for discrimination.

The receipt of this application does not mean that the applicant will be employed.

I understand that my employment is conditioned upon submitting an approved health history showing among other things, that all required immunizations are up to date. I understand that my employment is conditioned upon submitting appropriate identification to prove that I am a legal worker (pursuant to the Immigration Reform and Control Act of 1986).

I understand that if I am hired, my employment with the Camp will be seasonal and “at will” and may be terminated by the Camp immediately without prior notice. I understand that no documents or statements of the Camp will constitute a contract of employment in any way limits the Camp’s right to terminate employment at will unless specifically put in writing by the Director.

Without limiting in any way the at-will statements of my employment if I am hired, I understand that if any of the statements on this application are untrue, I may be immediately discharged.

I authorize investigation of all statements herein and release the Camp and all others from liability in connection with same.

I authorize the Susan L. Curtis Foundation to request information from any law-enforcement agency, pertaining to any conviction (s) I might have had for violations of state or federal laws, including but not limited to convictions for crimes upon children.

I hereby acknowledge that I have read and understand the above statement and accompanying job literature.

Applicant’s Signature _____

Date _____