

KAMP KIWANIS®



9020 Kiwanis Road
 Taberg, NY 13471
 Phone (315)336-4568
 Fax # (315)336-3845
 www.kampkiwanis.org



PERSONAL

Last Name	First Name	Middle	Current Telephone ()	
Current Mailing Address	City	State	Zip	E-Mail
Date through which current address and phone are valid: ____ / ____ / ____				Permanent Telephone ()
Parent/Permanent Address	City	State	Zip	E-Mail
Social Security Number ____ - ____ - ____		Driver's License Number / State		
Emergency Contact	Relationship	Emergency Telephone ()		
AGE: Circle one statement below: I am 18 or older I am 21 or older		SEX: Male Female	BIRTHDATE: ____ / ____ / ____	

POSITION

I am applying for:	Date I can start:
Summer Staff Volunteer	____ / ____ / ____
Position for which you are applying in order of preference:	
1.	2.
	3.
Are you able to perform all of the functions of the job for which you are applying?	Yes No
Will you require any accommodations to be able to perform the job for which you are applying?	Yes No
If yes, please describe:	

EDUCATION

School	Name & Location of School	Course of Study	Number of Years	Did you Graduate?	Degree, Diploma or Certification
College					
Graduate/ Trade					
High School					

Optional: Memberships in professional, student, or service organizations, and leadership positions held:

Employment: List three former employers, beginning with the most recent.

1	Company Name:	Telephone: ()
	Address:	Employed From: / / To: / /
	Job Title:	May we contact this employer? Yes No
	Name of Supervisor:	Please Initial Approval: _____

2	Company Name:	Telephone: ()
	Address:	Employed From: / / To: / /
	Job Title:	May we contact this employer? Yes No
	Name of Supervisor:	Please Initial Approval: _____

3	Company Name:	Telephone: ()
	Address:	Employed From: / / To: / /
	Job Title:	May we contact this employer? Yes No
	Name of Supervisor:	Please Initial Approval: _____

Personal References: RELATIVES MAY NOT BE USED AS REFERENCES (*Important, please read!*)

These references should not include those listed above. We reserve the right to contact references (unless "no" checked above) for further information. The Enclosed reference forms (2) may be completed by either personal contacts or former employers.

Name	Address	City, State, Zip	Telephone	Relationship
			()	
			()	
			()	

Previous Camp Experience:

Camper Counselor Where:	Number of Years: _____
How did you find out about Kamp Kiwanis?	
Experience with underprivileged youth:	
Experience with individuals who have disabilities:	
Why do you wish to work for Kamp Kiwanis?	

CERTIFICATIONS AND EXPERIENCE: (Include copies of any certifications which apply.)

Languages spoken.

1st Language: _____ Years : _____ Level: (please check) Basic Intermediate Fluent

2nd Language: _____ Years: _____ Level: (please check) Basic Intermediate Fluent

3rd Language: _____ Years: _____ Level: (please check) Basic Intermediate Fluent

Do You Know Sign Language? YES / NO

If yes, what level: (please check) None to Beginner College Course Moderate Experience
 Fluent Interpreter Level

If yes, What type: (please check) ASL PSE SEE

Level of Swimming: (please check): Nonswimmer or Beginner Moderate Strong Swimmer
 Teaching Experience

Have you ever held an American Red Cross Lifeguard Certification? YES / NO If yes, are you still currently certified? YES / NO

Have you ever held an Water Safety Instructors Certification? YES / NO If yes. are you still currently certified? YES / NO

Do you hold any other swimming instructor/lifeguard certifications? YES / NO
If yes please give details and years of certification:

Level of Boating: (please check) Nonboater or Beginner Moderate Advanced
 Teaching Experience

Have you ever held an Red Cross Waterfront Certification? YES/NO If yes, are you still currently certified? YES / NO

Have you ever held an Red Cross Canoe Instructor Certification? YES / NO If yes, are you still currently certified? YES / NO

Do you hold any other boating/canoeing certifications? YES / NO
If yes please give details and years of certification:

Health Certifications:

Do you hold a current NY State RN or LPN license? YES / NO If yes, how many years have you held this certification? _____
(if yes please correct circle certification above) What is the expiration date of your certification? _____

Do you hold a current NY State EMT license? YES / NO If yes, how many years have you held this certification? _____
What is the expiration date of your certification? _____

Do you hold a current CPR Certification? YES / NO If yes, through who (e.g American Red Cross) _____
What is the expiration date of your certification? _____

Do you hold a current First Aid Certification? YES / NO If yes, through who (e.g American Red Cross) _____
What is the expiration date of your certification? _____

Have you ever held any other Health certifications? YES/ NO
If yes, please give details and years of certification:

Kamp Kiwanis is a residential Camp; are you willing to live on Kamp grounds? YES / NO
If No, Please explain: (off-site residence **MAY** be considered for kitchen/maintenance/nursing positions only): _____

Remember this is a full time commitment. If you have any dates that you are aware of and require off, please state them now (with reason). Dates & acceptance will be evaluated: _____

What will Kamp Kiwanis gain from hiring you? _____

What do you expect to gain from working at Kamp Kiwanis? _____

If selected as a staff member, may the Kamp Kiwanis use your photo and/or name in publicity; and may we provide your name, address and phone to staff and participants? No Yes

Have you ever been the defendant or under investigation in an incident of child abuse? No Yes (explain)

Have you ever been convicted of a crime(s) other than a minor traffic offense? No Yes (explain)

A prior conviction will not necessarily bar you from staffing or volunteering. The type and date of the conviction will be considered by Kamp Kiwanis.

Other names by which you have been known (i.e. maiden names), if any: _____

RELEASE OF INFORMATION: Please read carefully and sign below:

I authorize Kamp Kiwanis, employees or volunteer staff members of the organization to investigate all statements made on this application (and any resume submitted); I authorize a background review through various licensing agencies (including, but not limited to the Department of Motor Vehicles, the Department of Welfare, the State Police, and/or any other law enforcement/government agencies.) I release Kamp Kiwanis, its officers, directors, and staff (both paid and volunteer) from liability in connection with the same. I understand that if selected, I will be an at-will volunteer or staff member (employment relationship may be terminated at any time, with or without cause, by me, the Director, or Kamp Kiwanis) and that any agreement to the contrary must be in writing and signed by an officer of the organization. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by Kamp Kiwanis. I understand that positions may require residence at the program/camp site during program sessions, unless previous arrangements have been made with Kamp Kiwanis. I will submit to a routine professional drug screening program upon the request of Kamp Kiwanis.

Applicant's Signature : _____ Date ____ / ____ / ____

Kamp Kiwanis is an equal opportunity employer and does not discriminate against any applicant on the basis of race, religion, sex, national origin, age, disability, medical condition, sexual orientation, marital status, veteran status, or any other legally protected group.