



Camp High Rocks

Staff Application

A Current photo would be appreciated. Attach or email to staffinfo@highrocks.com

First Name: _____ Middle: _____ Last: _____ Preferred Name: _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Gender: M F Marital Status: S or M Do you smoke? Yes or No

Present Address (until: _____) _____ Phone _____

City _____ State _____ Zip _____ Email _____

Permanent Address _____ Phone _____

City _____ State _____ Zip _____

Preferred phone number where you can be reached during business hours. _____

How did you learn about Camp High Rocks? _____

Dates Available: From _____ To _____ Salary Desired _____

EDUCATION

College	Major	Years Attended	Year in College or Degree
---------	-------	----------------	---------------------------

PAST EMPLOYMENT (previous two summers or years; use additional sheet if necessary)

Dates	Employer	Complete Address	Nature of Work
-------	----------	------------------	----------------

CAMP EXPERIENCE

Camp	Camper or Staff?	Director	Address	Dates
------	------------------	----------	---------	-------

REFERENCES: Please give names and **complete addresses** of 3 persons (not relatives) who have knowledge of your character, work experience, and ability.

Name	Street	City	State	Zip	Phone/Email	Relation
------	--------	------	-------	-----	-------------	----------

MEDICAL INFORMATION:

Condition of general health. _____ Any special conditions, problems or limitations, including physical or mental impairments which might interfere with your ability to perform the job for which you are applying? _____

Any allergies? _____ Any special dietary needs? _____

Please rate yourself in the following list of activities. If you have no experience in an activity, leave that activity unranked. Rate yourself according to the following scale:

PROGRAM STAFF APPLICANTS (Please fill-in the following)

- | | | |
|---|-------------------------|-------------------|
| 1- I can teach this activity with proficiency | <u>HORSEBACK RIDING</u> | <u>WATERFRONT</u> |
| 2- I can teach this activity with assistance | ___ Ring | ___ Swimming |
| 3- I can assist in teaching this activity | ___ Jumping | ___ Sailing |

ADVENTURE PROGRAMS

CRAFTS

LANDSPORTS

CANOEING

- | | | | |
|-----------------------|-----------------|-----------------------|-------------------------|
| ___ Hiking/ Camping | ___ Woodwork | ___ Tennis | ___ Lake Paddling |
| ___ Top Rope Climbing | ___ Ceramics | ___ Soccer | ___ Whitewater Paddling |
| ___ Lead Climbing | ___ Tie-dye | ___ Riflery | ___ Kayak |
| ___ Ropes Course | ___ Lanyards | ___ Archery | ___ C-1 |
| ___ Mountain Biking | ___ Other _____ | ___ Group Initiatives | |
| ___ Orienteering | | | |
| ___ Nature Studies | | | |

What type of **program staff** or support staff position would you prefer at camp? (please list in order of preference)

1. _____ 2. _____ 3. _____

SUPPORT STAFF APPLICANTS (Please fill-in the following)

- | | | |
|---|-----------------------|-----------------|
| 1- I have much experience and am greatly interested | ___ Assistant Cook | ___ Secretary |
| 2- I have little experience, but am interested | ___ Kitchen Assistant | ___ Maintenance |
| 3- I would prefer to do other than this activity | ___ Child Care | ___ Nurse |
| ___ Music (Do you play an instrument?) | | ___ Photography |

Are you available for an interview? _____ Where? _____

Guidelines for High Rocks Counselors

Smoking: High Rocks is a smoke free environment. Smoking is not permitted on camp property.

Alcohol and Drugs: Indulgence in alcoholic beverages or illegal drugs is prohibited during the term of employment, except during the time off between sessions. Violation of this rule subjects the counselor to the possibility of immediate dismissal and voiding of terms of employment.

Have you ever been convicted of a felony or been accused of or convicted of sexual or physical abuse of a minor? _____
If so, please provide dates and information on a separate sheet.

