

# Sertoma 4-H Center Camp Staff Application

An Equal Opportunity Employer

1105 Camp Sertoma Dr • Westfield, NC, 27053

Phone-336-593-8057 • Fax-336/593-9031 • [www.campsertoma.org](http://www.campsertoma.org)

## APPLICANT

Full Name \_\_\_\_\_ Name you prefer \_\_\_\_\_

## PERMANENT/HOME ADDRESS

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_

## TEMPORARY/SCHOOL ADDRESS

Use the school/temporary address below to contact me from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_

## EMPLOYMENT INFORMATION

I am applying for (pick up to 3)

- |  |   |
|--|---|
| <input type="checkbox"/> Ropes Course Coordinator    | <input type="checkbox"/> Archery Instructor                     |
| <input type="checkbox"/> Arts and Crafts Coordinator | <input type="checkbox"/> Lifeguard                              |
| <input type="checkbox"/> Rifle Instructor            | <input type="checkbox"/> Orienteering – GPS Geo-caching Program |
| <input type="checkbox"/> Horses Instructor           |   |

What is the earliest date you can begin work? \_\_\_\_\_ What is the latest date you can work through? \_\_\_\_\_

Have you filed an application with Sertoma 4-H Center before?  No  Yes - When? \_\_\_\_\_

Have you filed an application with another 4-H camp before?  No  Yes - When? \_\_\_\_\_

Have you ever been employed with a 4-H camp before?  No  Yes - When? \_\_\_\_\_

Current Employer \_\_\_\_\_

## EDUCATION

Highest level of education completed thus far and year: \_\_\_\_\_

## REFERENCES

Please list 3 to 4 references, individuals who can make a statement regarding your work experience, character and ability. Please do not include relatives or fellow students. We must have complete information on each reference including street, zip code and phone number(s) or Email

Name	Relationship	Email (preferred) or Address/City/Zip	Phone

## APPLICANT INFORMATION (Please use additional paper if necessary.)

What experience do you have working with children? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to be apart of the Camp Sertoma team? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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How did you hear about Camp Sertoma? \_\_\_\_\_  
\_\_\_\_\_

Describe the contribution you feel you can make as a staff member at Camp Sertoma \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities do you have that would help you do a better job at Camp Sertoma? \_\_\_\_\_  
\_\_\_\_\_

What do you imagine will be your greatest difficulty in working in a program of this nature? \_\_\_\_\_  
\_\_\_\_\_

What do you consider your life's most important values (in order of priority) and why? \_\_\_\_\_  
\_\_\_\_\_

List any extracurricular activities (i.e. school, church, volunteer organizations): \_\_\_\_\_  
\_\_\_\_\_

What do you like to do for fun? \_\_\_\_\_  
\_\_\_\_\_

Give an example where you have had to be outgoing or entertain: \_\_\_\_\_  
\_\_\_\_\_

Please write a brief biography of yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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As a staff member, you will be giving up a great deal of privacy and comfort, working long and demanding hours, adhering to camp policies which may be limiting (curfews, lack of privacy, no smoking, no drinking alcohol, etc.) Do you anticipate any problem complying with this type of lifestyle? Yes No

## CERTIFICATIONS

List any trainings you have attended or certifications you hold or have held which you have not listed thus far on this application. Please attach copies.

Certification	Institution Granting Certification	Expiration Date

## ADDITIONAL INFORMATION

**Answer these question if you are 21 years of age or older, as you may be required to drive a camp vehicle:**

Do you have a valid driver's license?  No  Yes    Issuing State \_\_\_\_\_  
 License Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Have you ever had any permit or license suspended?  Yes  No    If yes, why? \_\_\_\_\_

List any violations you have: \_\_\_\_\_  
 \_\_\_\_\_

**I affirm that all information given is correct to the best of my knowledge.**

\_\_\_\_\_  
 Signature of Applicant Date

If you were recommended to us please fill in persons full name: \_\_\_\_\_