



Camp Staff Application- Summer 2012

Girl Scouts of Connecticut is an equal opportunity employer. Girl Scouts of Connecticut does not discriminate in its programs or hiring on the basis of race, color, religion, age, sex, sexual orientation, marital or civil union status, national origin or ancestry, political affiliation, socio-economic factors, genetic information, learning disability, physical or mental disability, military status, or any other protected class status.

Name of Camp _____

Name _____ Camp (Nick) Name _____

Address _____

Phone _____ Cell ____ Home ____ Best time to be reached _____

Email Address _____

Proof of identity and eligibility will be required at time of EMPLOYMENT.

I am available to work all summer: Yes __ No __ or (dates available) _____

Resident Camp Opportunities - Desired Position/s: (please check all that apply)

Note: Job descriptions are online: <http://www.gsofct.org/pages/SummerCampEmployment.php>

R = Resident Camp Only D = Day Camp Only

- | | | |
|---|--|--|
| <input type="checkbox"/> Camp Director (min age 25) | <input type="checkbox"/> Junior Counselor - R | <input type="checkbox"/> Aquatics Director Waterfront * (min age 21) |
| <input type="checkbox"/> Assistant Camp Director (min age 21)
<input type="checkbox"/> Day Camp <input type="checkbox"/> Resident Camp | <input type="checkbox"/> Science & Nature Specialist (min age 18) | <input type="checkbox"/> Aquatics Director Pool-D* (min age 21) |
| <input type="checkbox"/> Program Director (min age 21) | <input type="checkbox"/> Sports Specialist/Archery* (min age 18) | <input type="checkbox"/> Aquatics Specialist * (min age 18) |
| <input type="checkbox"/> Healthcare Director * (min age 21) | <input type="checkbox"/> Sports Specialist (min age 18) | <input type="checkbox"/> Small Craft Director-R * (min age 21) |
| <input type="checkbox"/> Director of First Aid * (min age 21) | <input type="checkbox"/> Outdoor Living Skills Specialist (min age 18) | <input type="checkbox"/> Small Craft Specialist * (min age 18) |
| <input type="checkbox"/> Healthcare Supervisor-R * (min age 21) | <input type="checkbox"/> Adventure Program Director*(min age 21) | <input type="checkbox"/> Food Service Supervisor-R *(min age 21) |
| <input type="checkbox"/> Porter (Housekeeper) (min age 18) | <input type="checkbox"/> Adventure Program Specialist * (min age 18) | <input type="checkbox"/> Food Service Specialist-R (min age 18) |
| <input type="checkbox"/> Business Manager (min age 21) | <input type="checkbox"/> Riding Director-R * (min age 21) | <input type="checkbox"/> Kitchen Assistant – R |
| <input type="checkbox"/> Trip & Travel Director (min age 21) | <input type="checkbox"/> Riding Specialist-R * (min age 18) | <input type="checkbox"/> Bus Monitor – D |
| <input type="checkbox"/> Leadership Program Director (min age 21) | <input type="checkbox"/> Arts & Crafts Specialist (min age 18) | |
| <input type="checkbox"/> Unit Leader (min age 21) | <input type="checkbox"/> Theater Arts Specialist (min age 18) | |
| <input type="checkbox"/> Assistant Unit Leader (min age 18) | | |
| <input type="checkbox"/> Camp Counselor (min age 17) | | |

Not all positions are available at all camps.

*** If applying for one of these positions, please send photocopies of certificates and/or licenses or list when and where course is to be taken prior to the beginning of camp. First Aid and CPR Training is strongly encouraged. Please consider taking a course, if you are not currently certified.**

Name of applicant _____ Name of Camp: _____

EDUCATION:

	Name of School	Graduated Y/N	Degree Received
High School			
College			
Graduate School			

EMPLOYMENT EXPERIENCE:

Employer	Phone Number	Position	Dates of Employment

CAMP EXPERIENCE:

Name of Camp	Position (Camper, LEAD, CIT, Staff)

Please tell us why you wish to work at camp. Please include any special interests or skills that you would like to share with the campers.

Name of applicant _____ Name of Camp: _____

Please list three personal references, who are not related to you, who can attest to your ability to work with children. Please ask them to provide written references, thank you.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please list current certifications:

Date Taken	Name of course/training/licenses	Expiration Date	Issuing Agency
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Certification

I authorize Girl Scouts of Connecticut to check my references and verify all information provided on the completed application for employment, my resume, or on other forms used in the hiring process. Information to be verified includes, but is not limited to, Social Security number and previous addresses. Girl Scouts of Connecticut will also conduct a background check to include criminal record history, sex offender registry for all 50 states, and pre-employment drug screening.

I understand that this information will be used, in part, to determine my eligibility for employment with Girl Scouts of Connecticut. A conviction record or record of pending charges will not necessarily be a bar to employment, but factors such as recurrences, rehabilitation, and relatedness to fitness to perform the job in question will be considered. I also understand that as long as I remain an employee with Girl Scouts of Connecticut, the background search may be repeated at any time. In addition, I understand that a failed drug screen will be a bar to employment.

I understand that this employment application and any other Girl Scout documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment or may be terminated by the council. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I also understand that I am submitting this application to become an employee of Girl Scouts of Connecticut and not GSUSA.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references, background check, and pre-employment drug screening results.

Signature _____ Date: _____

For applicants under 18 years of age:

I have read my child's application and support her/him in seeking employment with Girl Scouts of Connecticut.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Please mail completed application to:
Girl Scouts of Connecticut
Summer Camp – Staff Application
20 Washington Avenue
North Haven, CT 06473-2343



Reference Form for Summer Camp Staff Applicants

The person named below is applying for a Girl Scout summer camp staff position and has given your name as a reference. This individual would be working in a position with girls entering grades 1 – 12 from diverse backgrounds. We seek staff that not only have the required skills, but also enjoy working with children and understand children, who also work well with adult staff, volunteers, and parents.

To help assess the individual's ability to serve in a leadership role within Girl Scout summer camps, please complete this form and return it to:

**Girl Scouts of Connecticut
Attention: Summer Camp
20 Washington Avenue
North Haven, CT06473**

Name of applicant: _____ Camp: _____

Position applicant is applying for: _____

1. How long have you known the applicant? _____ in what capacity? Personal _____ Professional _____

2. Why would you entrust this person with your child, if you had one? _____

3. Why do you think the applicant will work well with children? _____

4. What challenges do you think the applicant will face when working with children and young adults? _____

5. Please list five words that describe the applicant. _____

Please rate the following: **From 1 to 5, with 5 being exceptional**

____ Rate the applicant's ability to care for children in an outdoor setting in all weather conditions?

____ Rate the applicants ability to plan children's activities?

____ Rate the applicants ability to execute children's activities?

Thank you

Signature

Printed Name

Phone #

Date



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