Elks Camp Grassick PO Box F

Dawson, ND 58428

701-327-4251

Date of Application:	Date Received at ECG:	

Requirements for working at Elks Camp Grassick: Camp staff must be over 18 years of age. Applicants need to be in good health (must be able to handle the physical, mental and emotional demands of working with children and adults of all ages and abilities) and able to lift at least 50 pounds. Applicants must be mature, responsible and dependable. Camp staff MUST be available for the entire summer and be able to work all sessions including staff orientation. (Typically, camp sessions run from early June until mid-August) Most staff members are also required to live on camp throughout their employment.

IDENTIF	YING IN	FORMATION		
(This application is for first time applicants app	lying for posit	ions working directly with campers.)		
Name:		Gender:		
Nickname or Preferred Name:		T-Shirt Size:		
Social Security Number:		(Can be supplied after hire if preferred)		
Date of Birth:		Age as of Camp Dates:		
Current Address:				
City:	State: _	Zip:		
Telephone: Home:		Cell:		
Permanent Address (if different from ab	oove):			
City:	State: _	Zip:		
Email:				
Name of Parent(s) or Nearest Relative:				
Emergency Contact Name:		_ Relationship to Applicant:		
Address:				
Home Phone:		Cell Phone:		
How did you hear about Elks Camp Gra	assick?			
What position are you applying for?				

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EDUCATION					
High School:	Locatio	on:			
College:	Location	1:			
Major:	Minor:				
Degree(s) Earned or Anticipated Graduati	on Date:				
Please list any extracurricular or voluntee	r activities you are involve	ed in:			
R	EFERENCES				
Please provide two personal or professional or pro and complete contact information must be provid inaccurate information, this application may be de	ed. If references are unable to	be contacted due to missing or			
Name:	Position:				
Address:					
City:	State:	Zip:			
Telephone:	Cell:				
E-Mail:					
Name:	Position:				
Address:					
City:	State:	Zip:			
Telephone:	Cell:				
Email:					

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PREVIOUS EMPLOYMENT				
Please list two previous employers:				
Place of Employment:		_ Position: _		
Supervisor:		_		
Address:				
City:	State: _		_ Zip:	
Telephone:		_ Cell:		
Responsibilities:				
Dates of Employment:	Reason fo	or Leaving:		
Place of Employment:		_ Position: _		
Supervisor:		_		
Address:				
City:	State: _		_ Zip:	
Telephone:		_ Cell:		
Responsibilities:				
Dates of Employment:	Reason fo	or Leaving:		

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SKILLS AND QUALIFICATIONS

What experience, if any, do you have working with children?	
What experience, if any, do you have working with individuals with disabilities?	
What is your swimming ability? \square Non-Swimmer \square Average Swimmer \square Lifeguard	. 🗆 WSI
What are some of your hobbies, interests, travels, etc.?	
What skills or qualities do you have that would make you an asset to Elks Camp Grassic	ck?
Working at Elks Camp Grassick requires that everyone works as a team. Please describ idea of "teamwork."	e your
What do you hope to learn by working at Elks Camp Grassick?	
Is there anything else you would like to add? (Please attach an additional page if needed	1.)
Signing this document gives permission for Elks Camp Grassick to contact referen perform a criminal background check. Criminal Background Checks will be perfo all new hires and at least once every 3 years for returning staff.	
Signature: Date:	