Braeside Camp Staff Application

2024

Name:	Today's Date:		·
Address:		_ Date of Birth:	
Phone Number:	Is this your ce	ll number? Ye	s No
Email address:			
How did you hear about E	Braeside Camp?		
	?Please list date of expira		issued:
Education			
High School:		Year:	
College:	Majo	or:	Degree:
College courses relative to	o working with you or at a summ	er camp:	
Other trainings or program	ms:		
	expiration date and state in whic		
auarding	Waterfront Lifeguarding	\\/=	ter Safety Instructor

Lifeguarding	Waterfront Lifeguarding	Water Safety Instructor
Standard First Aid	CPR	EMT
LPN	RN	
Responding to Emergencies		
OTHER:		

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Program Activities:

fee for the background check

These are the classes we typically teach at camp. Nature, Arts and Crafts, Athletics and Swimming.
Please tell us what activity you think you could teach and why and what activities you might be able to assist with?
What classes do you think we should consider adding?
Why do you want to be a part of Braeside camp?
BACKGROUNDINFORMATIO
Have you ever been arrested or convicted of a criminal offense, Including sex related or a child abuse related offense or are you at present, the subject of a criminal investigation?_Yes No (I yes, a detailed explanation must be attached)
Because you will be working directly with children, a criminal record check from the police

department will be required for your employment with us. You will be responsible to pay the \$25

Braeside camp does not discriminate against any applicant due to race, ethnicity, gender, sexual orientation, age, religion, disability, or citizenship status.