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 staff orientation. It is preferred that staff members are able to work all sessions (typically early June until mid-August) but some exceptions MAY be possible. Most staff members are also required to live on camp throughout their employment.

### **IDENTIFYING INFORMATION**

(This application is for first time applicants app	olying for posit	ions working dir	ectly with campers.)		
Name:		Gender:			
Nickname or Preferred Name:			_ T-Shirt Size:		
Date of Birth:	Age as of Camp Dates:				
Current Address:					
City:	State: _		_Zip:		
Telephone: Home:		Cell:			
Permanent Address (Please include if y	ou will not l	be at your cur	rrent address for a full year.):		
City:	State:		_ Zip:		
Email:					
Name of Parent(s) or Nearest Relative:					
Emergency Contact Name:		Relationshi	p to Applicant:		
Address:					
Home Phone:		Cell Ph	ione:		
How did you hear about Elks Camp Gr	assick?				
What position are you applying for?					

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EDUCA	ΓΙΟΝ	
High School:	Location:	
College:	Location:	
Major:	Minor:	
Degree(s) Earned or Anticipated Graduation Date:		

Please list any extracurricular or volunteer activities you are involved in:

#### REFERENCES

Please provide two personal or professional or professional references. References cannot be relatives. Accurate and complete contact information must be provided. If references are unable to be contacted due to missing or inaccurate information, this application may be denied, and the application process may cease.

Name:	Position:		
Address:			
City:	State:	Zip:	
Telephone:	Cell:		
E-Mail:			
Name:	Positi	on:	
Address:			
City:			
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 for Leaving: \_\_\_\_\_ Place of Employment: Position: Supervisor: Address: \_\_\_\_\_ City: State: Zip: Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Responsibilities:

## **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?  $\Box$  Non-Swimmer  $\Box$  Average Swimmer  $\Box$  Lifeguard  $\Box$  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 Grassick?

Working at Elks Camp Grassick requires that everyone works as a team. Please describe your idea of "teamwork."

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.)

Signing this document gives permission for Elks Camp Grassick to contact references and perform a criminal background check. Criminal Background Checks will be performed for all new hires and at least once every 3 years for returning staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_