



US HELPING US NEW ORLEANS, INC.

CAMP COUNSELOR APPLICATION

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

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Camp Program Skills**

\_\_\_\_\_ Full-time (M-F 9:00 AM – 3:30 PM)

\_\_\_\_\_ Part-time (Please specify your availability below)

\_\_\_\_\_

\_\_\_\_\_

In the following list, put a “T” *before* those activities you can organize and teach as an expert and an “A” for those activities in which you can assist. Put a “C” *after* those in which you have *current* certification and attach a copy of your certification.

List any other specialized training that might have a bearing on your camp position.

\_\_\_\_\_

\_\_\_\_\_

Adventure/Challenge ___ challenge/ropes course ___ climbing/rappelling ___ drawing/painting ___ leather craft ___ photography Camprcraft/Pioneering ___ backpacking ___ camprcraft ___ hiking ___ orienteering ___ outdoor cooking ___ outdoor living skills ___ overnights ___ wilderness trips	Drama ___ clowning ___ theater Sports/Fitness ___ aerobics/exercise ___ baseball/softball ___ basketball ___ bicycling/biking ___ dance ___ football ___ informal games ___ martial arts ___ soccer ___ track/field ___ volleyball	Health/Safety ___ CPR ___ first aid ___ lifeguard Music ___ singing ___ instrument (list) ___ DJ Nature ___ astronomy ___ birds ___ environmental studies ___ flowers ___ forestry ___ insects ___ rocks/minerals	Miscellaneous ___ farming/gardening ___ foreign language ___ leadership development ___ radio/TV/video ___ storytelling ___ team building ___ worship/Bible study Business/Administration ___ computer/software (list) Waterfront Activities ___ kayaking ___ swimming Other ___
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## References

Please give names and contact information of three people, not relatives, who have knowledge about your character, experience and work habits. Please include at least one individual who has knowledge of your spiritual background, i.e.: a priest, chaplain, youth leader, etc.

Name	Relationship	Email	Phone

## Employment History

Please provide a full record of all employment, paid and volunteer. Include any positions on camp staff; use a separate sheet, if necessary.

Dates (MM/YY)	Employer/Supervisor	Address and Phone	Nature of Work	Reason for Leaving

## Camp Policies

### Harassment

The camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, work place harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the camp before any decision is made.) If yes, please use additional paper to explain.

Yes  No

## **Criminal Record**

Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.) If yes, please use additional paper to explain.

Yes  No

## **Cell Phone/Mobile Device Use**

It is a policy of Us Helping Us New Orleans that access to and use of personal mobile devices, including computers, phones, and tablets, will be restricted to staff time off. Devices will be kept safe and accessible only during time off. Will you agree to adhere to this policy?

Yes  No

## **Background Check**

Does Us Helping Us New Orleans have permission to perform a background check on you?  Yes  No

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

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

## **IMPORTANT AGREEMENT:**

As a camp counselor I understand that I will be a representative of the camp and a steward of the camp's authority. I agree to:

1. Begin and remain for the exact dates I am hired for and understand that I will be required to be on camp premises for the duration of the assignment.
2. Be willing to work the job to which I am assigned.
3. Be part of the camp counseling team under the authority of the camp. As a part of that team, I agree to be supportive, engaged and positive.
4. Assume responsibility for my transportation to and from camp.
5. Follow camp policies and procedures.
6. Seek to engage campers and the content of the camp AND will not pressure campers to have the "right response".
7. Refrain from any sexual contact with youth or adults.
8. Refrain from any kind of physical punishment or threats toward campers.
9. No tobacco or alcohol is allowed on the camp property by counselors.
10. There can be no drinking or use of drugs during the assignment.
11. If accepted, I agree to personally and immediately notify both the camp if circumstances affect my availability.

*I understand all statements become part of any future employee personnel files.*

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