

Our 2025 summer program will run from June 30th until August 22nd. This is a rain or shine program. The camp will be open Monday through Friday during this eight-week time-period (there will be no camp on Friday, July 4th).

All paperwork is required in this application and must be completed before we consider you for
a position, there will be NO EXCEPTIONS!
When returning this completed application, please be sure you include the following:
A completed application (if under 18, application must be signed by parent or guardian).
A copy of your working papers - If under 18.
A recent physical and updated immunization chart
All CPR, First Aid and Lifeguarding Certifications (if applicable).
New hires must also include 3 references. The form to be filled out is located at the end of this application.



Name:			То	oday's Date:		
Address:		Da	ate of Birth:			
Email Address:				Phone Numb	per:	
Shirt Size						
What position are you a	applying for?					
Activity Counselor Life	eguard/ Couns	selor Medic	Aquatics Direc	ctor (PT) Water Safety	Instructor (PT)	
Education	T N I			10.1.1.1		
School Type	Name		City, State	Highest level completed	Degree studied	
High						
School						
College						
Vocational						
Other						
Courses or clubs that m	nay assist you	in working at	t a children's su	mmer camp	'	
Certifications: Please lis	st the expirati	on date and s	state in which yo	ou were certified.		
Lifeguarding		Aquatics Director		Water Safety I	Water Safety Instructor	
•		CPR		EMT		
LPN		RN				
Responding to Emergen	cies					
OTHER:						



Program Activities: 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 or assist with and why. Tell us about yourself and why you want to work at Braeside Camp. Are you able to work the full summer session, June 30th till August 22, 2025 Yes ___ No___ If no, please provide an explanation. BACKGROUND INFORMATION 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__ (If 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. Full or partial costs may be passed

along to the employee



Place of employment	Dates worked	Address	Phone	Job title/ duties	Reason you left
Volunteering Hist	ory:				
Organization's name	Dates volunteered	Address	Phone	Job title/ duties	Reason you left

Organization's name	Dates volunteered	Address	Phone	Job title/ duties	Reason you left



Medical Release (if under 18)

I give permission for my child to receive medical treatment and transportation in the event of a medical emergency.

General Release			
I authorize the use of my (child's) image to be	utilized in camp publications.		
APPLICATNT'S SIGNATURE	Date		
SIGNATURE OF PARENT/GUARDIAN (IF UNDER THE AGE OF 18)	Date		



NON FAMILY PERSONAL REFERENCE FORM #1/3

Applicant's Name:				
Reference Name: Phone Number:				
Address:				
How long have you known the applicant?Relationship?				
Have you observed the applicant providing care for you Describe the applicant's relationship with children.	•			
Would you place your child in the applicant's care? Yes Explain your answer:	s No			
Is there any reason to believe the applicant should not	be working with children? Please explain:			
Using the following scale: (1) Excellent, (2) Good, (3) Poto:	oor, (4) Unknown- describe applicant's ability			
cooperate with others				
dependability				
communicate effectively				
appropriately disciplines children				
provide a safe and nurturing environment				
Other comments:				
Signature of Reference	Today's date			



NON FAMILY PERSONAL REFERENCE FORM #2/3

Applicant's Name:	_	
Reference Name:	Phone Number:	
Address:		
How long have you known the applicant?Relationship?		
Have you observed the applicant providing care for youn Describe the applicant's relationship with children.	ng children? Yes No	
Would you place your child in the applicant's care? Yes _ Explain your answer:	No	
Is there any reason to believe the applicant should not be	e working with children? Please explain:	
Using the following scale: (1) Excellent, (2) Good, (3) Pooto:	or, (4) Unknown- describe applicant's abili	ty
cooperate with others		
dependability		
communicate effectively		
appropriately disciplines children		
provide a safe and nurturing environment		
Other comments:		
		—
Signature of Reference	Today's date	



NON FAMILY PERSONAL REFERENCE FORM #3/3

Applicant's Name:	
Reference Name:	
Address:	
How long have you known the applicant? Relationship?	
Have you observed the applicant providing care to Describe the applicant's relationship with children	, ,
Would you place your child in the applicant's care Explain your answer:	e? Yes No
Is there any reason to believe the applicant shou	ld not be working with children? Please explain:
Using the following scale: (1) Excellent, (2) Good, to:	(3) Poor, (4) Unknown- describe applicant's ability
cooperate with others	
dependability	
communicate effectively	
appropriately disciplines children	
provide a safe and nurturing enviror	nment
Other comments:	
Cionatura of Deference	To do /o do
Signature of Reference	Today's date