

# CAMP ARCADIA

CAMP FOR GIRLS ~ CASCO, MAINE

Founded 1916

[www.camparcadia.com](http://www.camparcadia.com)



## NEW STAFF APPLICATION

We would appreciate a digital photo attached to your application.

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Date of Application \_\_\_\_\_

### GENERAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Permanent Home Telephone # ( ) \_\_\_\_\_ Cell # \_\_\_\_\_

Address for Camp Mailings (if different from above) \_\_\_\_\_

Email Address \_\_\_\_\_

I am available for the following dates: \_\_\_\_\_

From To

(Optional questions) Date of Birth \_\_\_\_\_ Age on June 1st \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### EDUCATION

School/College/University \_\_\_\_\_ Major \_\_\_\_\_ Years \_\_\_\_\_

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### EMPLOYMENT (past two summers or years)

Dates \_\_\_\_\_ Employer \_\_\_\_\_ Position \_\_\_\_\_

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### CAMP EXPERIENCE

Dates \_\_\_\_\_ Camp Name \_\_\_\_\_ Director's Name \_\_\_\_\_

Years as Camper \_\_\_\_\_ Staff \_\_\_\_\_ Camp Phone # \_\_\_\_\_

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Years as Camper \_\_\_\_\_ Staff \_\_\_\_\_ Camp Phone # \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Dates \_\_\_\_\_ Organization \_\_\_\_\_ Contact name \_\_\_\_\_  
 Contact phone: \_\_\_\_\_

## CAMP ACTIVITY EXPERIENCE

Place an 'o' beside the activities you have experience and skills in. Place an 'x' only beside activities you can teach.

THE ARTS	OUTDOOR SKILLS	SPORTS	WATERFRONT	MISCELLANEOUS	
Ceramics	Fire building	Archery	Canoeing	Basketball	
Pottery wheel	Outdoor Cooking	Backpacking	Diving	Beach Volleyball	
Drawing	Shelter	Gymnastics	Kayaking	Capture the Flag	
Painting	Tents	Hiking	Sailing	Computers	
Wire sculpture	Gas stoves	Riding	Swimming	Creative Writing	
Masks	Knots	Tennis	Synch Swim	Frisbee Golf	
Photography	Orienteering		Row boating	Low Ropes	
Weaving	TOPO maps		Windsurfing	Running	
Drama	Conservation			Soccer	
Directing Plays	Composting			Storytelling	
Dance	Gardening			Yoga	
Jazz	Weather				
Hip Hop	Trees				
Ballet	Astronomy				
Music	Rocks				
Piano	Insects				
Guitar	Fish				

## CURRENT CERTIFICATIONS (place an x beside any that apply. Include expiry dates.)

- American Red Cross Lifeguard (**LGT**) expires \_\_\_\_\_
- American Red Cross Lifeguard Instructor (**LGI**) expires \_\_\_\_\_
- American Red Cross Water Safety Instructor (**WSI**) expires \_\_\_\_\_
- Wilderness First Aid (**WFA**) or  Wilderness First Responder (**WFR**) expires \_\_\_\_\_
- Standard First Aid expires \_\_\_\_\_
- CPR (Adult, Child & Infant) expires \_\_\_\_\_
- Registered Nurse (**RN**)
- Licensed Practical Nurse (**LPN**)
- Teaching Certification
- Other (please specify) \_\_\_\_\_
- I am willing to become certified in one of the above activities at Camp Arcadia in June for a reduced rate.

## BIOGRAPHICAL QUESTIONS

1. What contributions can you make to Camp Arcadia?

2. What contribution do you think a well-run camp can make to children?

3. Write a brief biographical sketch, including specialized training and experience. Please include training in other fields that may have bearing on the position you are applying for).

Have you ever been convicted of any crime, including sex related or abuse related offences against children?

Yes  No If yes, please explain (use a separate sheet if needed) \_\_\_\_\_

I authorize Camp Arcadia to obtain information regarding my criminal, sexual and motor vehicle background from various sources for the purpose of employment. I release Camp Arcadia and their sources of the information arising out of the investigation and use of the information.

Yes  No (There will be a cost of \$15 for this service. This fee will be deducted from your pay check).

**US/Canadian Staff 21+:**

Do you drive? \_\_\_\_ How many years? \_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
Expiry date \_\_\_\_\_ 12 passenger vans \_\_\_\_ Boat trailer \_\_\_\_ Other \_\_\_\_\_

Position you are applying for at Camp Arcadia \_\_\_\_\_ Salary desired \_\_\_\_\_

18+

21+

21+ Driver (eligible to drive in the United States)

**REFERENCES:** Please provide us with three persons (not relatives) who know you, your ability and character. At least one must be a current or past employer/supervisor.

**NAME**

**RELATIONSHIP**

**TELEPHONE #**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I authorize investigation of all statements herein 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. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print name: \_\_\_\_\_