



Dear Applicant for Camp ARROW:

Camp ARROW 2019 is scheduled for Saturday, June 1st through Friday, June 7th at the Camp Tygart facilities in Hahira. Staff members will report to camp by 9:00 am on Saturday, and remain at camp until around 8:00 pm on Friday.

The deadline for accepting these applications will be **Friday, March 8th**. If Camp ARROW does not receive your application by the deadline, you may not be hired. **ALL applications received after the deadline will be placed on a waiting list.** Please remember to complete the entire application thoroughly to include the health information.

Please read the job descriptions before choosing at least 2 jobs that you would like to be considered for.

You will notice a background check form as a part of your application. **You must sign this form in the presence of a notary public** in order for us to run your background check. There is no cost to you.

**All staff applicants must submit a copy (front and back) of your current medical insurance card.**

Please mail your application to:

Camp ARROW Staff Committee  
P.O. Box 647  
Thomasville, GA 31799

You may also submit via email to [info@camparrow.org](mailto:info@camparrow.org). You will still have to mail your background check form, or you can scan and email the background check form.

Please check out our website for more information: [www.camparrow.org](http://www.camparrow.org).

Camp ARROW 2019  
STAFF APPLICATION  
June 1st - June 7th

Full Name \_\_\_\_\_

Name you like to be called \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

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

Attending/Attended:

High school \_\_\_\_\_ Grade \_\_\_\_\_ Graduated in \_\_\_\_\_

College \_\_\_\_\_ Year \_\_\_\_\_ Graduated in \_\_\_\_\_

Major \_\_\_\_\_

Present place of employment \_\_\_\_\_

Position held \_\_\_\_\_ Supervisor \_\_\_\_\_

Work address \_\_\_\_\_

Have you been a paid staff member of Camp ARROW before? \_\_\_\_\_

If yes, give the dates and positions held:

\_\_\_\_\_

List experiences as a staff member of other camps for children with special needs: \_\_\_\_\_

\_\_\_\_\_

Describe non-camp experiences working with children with special needs: \_\_\_\_\_

List hobbies and interests: \_\_\_\_\_

Do you have current first aid training? No Yes  
Expiration Date \_\_\_\_\_

Do you have current CPR? No Yes  
Expiration Date \_\_\_\_\_

Do you hold a current lifesaving certification? No Yes  
Expiration Date \_\_\_\_\_

\*PLEASE ATTACH A COPY OF YOUR CERTIFICATION

If you have any physical disabilities, please describe: \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor? \_\_\_\_\_  
If yes, for what? \_\_\_\_\_

**For teachers:**

Certification \_\_\_\_\_ Area \_\_\_\_\_

Number of years teaching \_\_\_\_\_

\*PLEASE ATTACH A COPY OF YOUR CURRENT CERTIFICATE

**For bus drivers:**

Class \_\_\_\_\_ State \_\_\_\_\_ Years experience \_\_\_\_\_

\*PLEASE ATTACH A COPY OF YOUR CURRENT BUS LICENSE

**For Nurses:**

License Number \_\_\_\_\_ State Licensed in \_\_\_\_\_

\*PLEASE ATTACH A COPY OF YOUR CURRENT LICENSE

**ALL applicants must read and sign the following:**

As a staff member of Camp ARROW, I will not use or be under the influence of alcoholic beverages or illegal drugs while on camp property or while working with the camp director. I will obey all rules and will fulfill the duties of my position as established by the camp director and Camp ARROW's Board of Trustees. I understand that failure to obey the camp's rules will result in dismissal and my salary will be pro-rated according to the amount of time I have worked prior to an unacceptable work performance. As a staff member of Camp ARROW, I will not have a firearm in my possession of any kind during the week of camp. I understand that if I need medical treatment during the week of camp due to injury or illness not related to work at Camp ARROW, I will be responsible for payment.

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Signature Date

**A parent or guardian of an applicant age 18 or younger must read and sign the following:**

I have read and understand that while the individual named below is a staff member of Camp ARROW, he/she will not use or be under the influence of alcoholic beverages or illegal drugs while on camp property or working with the camp director. Also, tobacco use is prohibited by any staff member under the age of 18. I understand that he/she named below will obey all rules and will fulfill the duties of his/her position as established by the camp director and the Camp ARROW Board of Trustees. It is also understood that failure to obey the rules at camp will result in dismissal and his/her salary will be pro-rated according to the amount of time he/she has worked. It is also understood that Camp ARROW is only responsible for the minor during designated work hours. I understand that if my child needs medical treatment during the week of camp due to injury or illness not related to work at Camp ARROW, I will be responsible for payment.

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Signature of Parent/Guardian Date

Please mark at least 2 positions for which you would like to be considered. You may mark more if you would like. A job ranking of 2 is for first time employment in a job level. A ranking of 1 is for those with at least one year of experience in that job level and will be decided by the committee based on previous evaluations. The distinction between counselors' status will be at Camp ARROW's discretion, and will be based on experience, age, leadership ability, and previous evaluations. See job descriptions for further explanation of job duties.

<input type="checkbox"/> Senior counselor	senior 1 \$425	senior 2 \$400
<input type="checkbox"/> Junior counselor	junior 1 \$300	junior 2 \$275

Activity leaders will work in cabins as counselors when not responsible for setting up or leading their activities.

<input type="checkbox"/> Lifeguard	senior 1 \$425	senior 2 \$400
<input type="checkbox"/> Arts and crafts leader	senior 1 \$425	senior 2 \$400
<input type="checkbox"/> Music leader	senior 1 \$425	senior 2 \$400
<input type="checkbox"/> Nature studies leader	senior 1 \$425	senior 2 \$400
<input type="checkbox"/> Kitchen assistant	senior 1 \$425	senior 2 \$400
<input type="checkbox"/> Interpreter	senior 1 \$425	senior 2 \$400

The following positions may be housed separately from campers.

<input type="checkbox"/> Nurse \$625	<input type="checkbox"/> Food service \$475
<input type="checkbox"/> Co-director \$825	<input type="checkbox"/> Special activities leader \$425
<input type="checkbox"/> Administrator \$575 (plus reimbursement for travel)	
<input type="checkbox"/> Bus driver \$13/hour (Tuesday and Wednesday; will work approximately 20 hours)	

REFERENCES: You must supply complete information for three references. These three references will be contacted. Relatives cannot be used as references. At least one reference must be an employer, supervisor, or teacher.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_

If you have never worked at Camp ARROW, we would like to meet face to face (or via phone if distance is an issue) to discuss camp and get to know you. We will contact you to set this up.

MAIL YOUR APPLICATION TO:  
Camp ARROW, Inc.  
Staff Committee  
P.O. Box 647  
Thomasville, GA 31799

OR SUBMIT VIA EMAIL:  
[info@camparrow.org](mailto:info@camparrow.org)



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

Signature of Consent: \_\_\_\_\_

I hereby authorize Camp ARROW, Inc. to receive any criminal history record information pertaining to me which may be in the files of the State of Georgia or any local criminal justice agency.

\_\_\_\_\_  
Full Name PRINTED                      Sex                      Race

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Social Security Number                      Date of Birth

\_\_\_\_\_  
Notary Public

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This request originally received by: \_\_\_\_\_ date: \_\_\_\_\_

Local records searched by: \_\_\_\_\_ date: \_\_\_\_\_

State records searched by: \_\_\_\_\_ date: \_\_\_\_\_

Mailed response \_\_\_\_\_ Given in person \_\_\_\_\_ Initial one

Record attached \_\_\_\_\_ No record \_\_\_\_\_ Initial one

**Camp Arrow**  
**Confidential Health Information Form**

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yy)    Height \_\_\_\_\_    Weight \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

ID # \_\_\_\_\_ Group# \_\_\_\_\_

**\*Please attach a copy of your insurance card\***

Do you have or have you had any disease or condition requiring medication, regular physician's care, surgery or other treatment? If yes, please list:

\_\_\_\_\_

Do you take any medication(s) on a regular, on-going basis? If yes, please list:

\_\_\_\_\_

Have you ever sought professional help for a psychiatric or emotional problem? If yes, explain:

\_\_\_\_\_

Do you have any of the following? If yes, please explain type and severity:

Medication Allergies NO YES \_\_\_\_\_

Food Allergies NO YES \_\_\_\_\_

Allergies NO YES \_\_\_\_\_

Asthma NO YES    Require epinephrine or hospital?

\_\_\_\_\_

Diabetes NO YES    Require insulin? \_\_\_\_\_

Seizures NO YES \_\_\_\_\_

Do you have any other health condition that may need to be considered? If yes, explain:

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

I understand that submission of inaccurate and/or incomplete information about medical and psychiatric health history may result in dismissal from Camp Arrow employment. NO YES

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_