



Dear Applicant for Camp ARROW:

Camp ARROW 2017 is scheduled for Saturday, June 3rd through Friday, June 9th 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 10th**. 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.

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. 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.

Camp ARROW 2017
STAFF APPLICATION
June 3rd - June 9th

Full Name _____

Name you like to be called _____

Address _____

Social Security Number _____

Cell Number _____

Alternate Number _____

Date of Birth _____ T-shirt Size _____

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?

Yes

No

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: _____

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

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

Do you have current CPR training? 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? _____

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.

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.

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.

Senior counselors must be 18 years of age at the time of camp. The distinction between counselors' status will be at Camp ARROW's discretion, and will be based on experience, age, leadership ability, and previous evaluations.

___ senior counselor	senior 1 \$425	senior 2 \$400
___ 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.

___ lifeguard	senior 1 \$425	senior 2 \$400
___ arts and crafts leader	senior 1 \$425	senior 2 \$400
___ music leader	senior 1 \$425	senior 2 \$400
___ nature studies leader	senior 1 \$425	senior 2 \$400
___ kitchen assistant	senior 1 \$425	senior 2 \$400

The following positions may be housed separately from campers.

___ nurse	\$625
___ food service	\$475
___ co-director	\$825
___ administrator	\$575 (plus reimbursement for travel)
___ special activities leader	\$425
___ overnight bus driver	\$350
	(Tuesday morning through Thursday afternoon)

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



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
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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