



## Employment History

List all work experience beginning with your **current or most recent position**.

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address(Street, Address City, State, Zip) \_\_\_\_\_  
Name & Title of Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Description of Responsibilities \_\_\_\_\_

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May we contact the employers listed above? If not, indicate the one(s) you do not wish us to contact.

\_\_\_\_\_  
\_\_\_\_\_

**Please use another piece of paper if you would like to expand on the following questions:**

1. Did you attend camp as a child? Yes[ ] No[ ] If yes, where & when \_\_\_\_\_ What did you enjoy most about camp?
  
2. Have you been employed at a camp? Yes[ ] No[ ] If yes, when, where and how long?
  
3. Which age group do you prefer to work? 8 - 10 11 - 13 13 - 15 15 - 18 Why?
  
4. What do you hope to gain from an employment related camping experience?
  
5. Why do you want to work at the Bryant Pond 4-H Camp & Learning Center?
  
6. What special skills or talents do you have from which our school will benefit?
  
7. What do you think will the greatest challenge for you in this position?
  
8. What character qualities do you possess that would be important as a staff member?
  
9. What would you say your level of swimming ability is?
  
10. How did you spend your out of school hours as a kid during the school year and during summer?

Most staff members are required to lead or assist in teaching activities. Please indicate your skill level in the following activities. Please add an outdoor hobby or skill you have that we currently do not have listed.

**Place the number** \_\_\_\_\_ "1" in front of those activities you can organize, lead & teach  
 \_\_\_\_\_ "2" in front of those activities you can assist in teaching.  
 \_\_\_\_\_ "3" in front of those activities you have only participated in.

Arts & Crafts	Native American Storytelling	Ultimate Frisbee	Kayaking	Basketball
Community Service	Canoeing	Nature Art	Cooperative Games	Orienteering
Song Leading	Low Ropes Course	Hiking	Story Telling	Fire Building
Skits	Archery	Fishing	Fly tying	Fly casting
Tracking	Gardening	Tree Identification	Plant Identification	Shelter Building
Camp Cooking	Survival Skills	Knot Tying	Pond Study	Water Quality
Geology	Birds	Edible Wild Plants	Lake Ecology	Other
Rainy Day Programs	Camp Craft	Backpacking	Other	Other

**Certifications:** Please list certifications you currently hold or will hold by the start of employment. i.e. EMT, WFR, Basic First Aid, CPR, Lifeguard, Hunter Safety Instructor, Range Safety Officer, Archery, and Ropes Course, etc.

Certification	Exp. Date	Certification	Exp. Date	Certification	Exp. Date

**Personal References**

List three individuals able to give character references. You should include former employers or school administrators, but not your relatives. A reference form has been included with this application to make copies of. They may be returned separately by the individuals filling them out, but must be received by the Bryant Pond 4-H Camp in order to process this application.

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

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Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**IMPORTANT - PLEASE NOTE**

- If you are offered a position at Bryant Pond 4-H Camp, we will need your signature authorizing a criminal background check.
- Camp policy requires all staff to have a physical exam within 24 months prior to arrival on campus and to hold Adult and Child First Aid and CPR certifications. Training is provided.
- Alcohol, tobacco, and tobacco product use are forbidden on campus, even if the employee is of the legal age to partake in these substances. Tobacco use is limited to personal time, off campus, and not in view of students.
- **Alcohol is not allowed on campus.**

**Statement of Purpose**

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may, at the discretion of the Bryant Pond 4-H Camp, disqualify me from employment, or cause my dismissal. I hereby authorize Bryant Pond 4-H Camp to make a thorough investigation of my past employment and activities. I release from liability Bryant Pond 4-H Camp, former employers, or any persons supplying such information. The language in this application is not intended to create, nor is it to be misconstrued to constitute, a contract of employment.

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

YOU ARE WELCOME TO ATTACH A RESUME OR OTHER INFORMATION IF YOU FEEL IT WILL GIVE US FURTHER INSIGHT INTO YOUR QUALIFICATIONS.

PLEASE MAKE COPIES OF THE INCLUDED REFERENCE FORM



## Reference Form for the Bryant Pond 4-H Camp & Learning Center

*The person below has applied at the Bryant Pond 4-H Camp and Learning Center to be a field teacher/assistant with children in a resident camp setting. Please evaluate this person by answering these questions.*

Name of Applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Relationship \_\_\_\_\_

In general, how would you rate this applicant's ability to work with children?

How has the applicant's behavior indicated that children in his/her care would receive:

1. Good physical care: \_\_\_\_\_

2. Respect? \_\_\_\_\_

Do you have any concerns about the applicant, which would affect the quality of child care?

\_\_\_\_\_

Please check the appropriate boxes to indicate the applicant's qualities:

	Excellent	Good	Average	Fair	Not Sure
Able to follow instructions					
Communication with co-workers					
Communication with children					
Quality of work					
Initiative					
Emotional Maturity					
Moral Character					
Cooperation					
Adaptability					
Leadership ability					
Reliability/organization					

All of the above information is true and accurate in accordance with my knowledge of this applicant.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Day Time Telephone \_\_\_\_\_ Date \_\_\_\_\_

*Please return to: Program Director, Bryant Pond 4-H Camp & Learning Center  
P.O. Box 188, Bryant Pond, ME 04219*