

Please complete all sections of the application. Incomplete applications will not be accepted.

CAMP EXPERIENCE

As a Camper or as Staff since last date of employment.

Dates	Camp	Director	Camper or Staff?
	Name and Address:		
	Name and Address:		
	Name and Address:		

CERTIFICATIONS Please mark which certifications you have or are willing to obtain.

	Yes	No
Current Red Cross Life-Guard Certificate		
Current Red Cross Water Safety Instructor (WSI) Certificate? If yes, please give date and place of certification.		
Current certification in First Aid/CPR? Expiration date:		

***First Aid/CPR Certification is required of all Staff. Course is offered during Orientation week at no charge.**

SKILLS

If you have any training, experience, expertise, or certification in any of the following areas, please indicate below.

- Rating 1= Those activities you can organize, teach, and work with competently.
 2= Those you can assist in teaching.
 3= Those you can participate with some ability.

Arts and Crafts	Waterfront	Performing Arts
Handicrafts	Swimming ability:	Song Leading
Macramé	Poor	Dance
Sketching	Fair	Storytelling
Weaving	Good	Acting (skits)
Wood	Excellent	Mime
Leather		Clowning
Pottery	Outdoor Education	Other
Painting	Ropes Course:	
Nature Crafts	Low Elements	Music
Tye Dyeing	High Events	Piano
Painting	Outdoor Cooking	Guitar
	Environmental Activities	Singing
Languages	Other	Other:
Please list languages:		

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QUESTIONS FOR PERSONAL REFLECTION

After thoughtful consideration, please answer the following questions to the best of your ability. Use additional paper if necessary.

1. Tell us briefly about yourself and include detail regarding any experience or training you have had that has prepared you for a position at Camp Kum-Ba-Yah?

2. What contribution do you feel you will make to the Kum-Ba-Yah camp program?

3. What contributions do you think a well-run day camp can make in the lives of the children it serves?

Do you prefer to work with a specific age group?

No Yes, age _____. I prefer to gain experience with more than one age group.

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REFERENCES: Please ask two references (not personal friends or relatives) who can attest to your professional or work performance to complete the attached reference forms and return them to us by fax or mail personally

Since your last date of employment, have you been convicted of a crime or sex offense involving a minor? Yes No

Have you read and do you understand the information contained in the Staff Application Information and Job Description? Yes No

Are you willing to accept the conditions outlined? Yes No

I understand that in the event of my employment by Camp Kum-Ba-Yah, Inc., it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested.

Signed

Date

RELEASE OF INFORMATION

I authorize, without liability, investigation of all statements in this application. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to Camp Kum-Ba-Yah, Inc. any knowledge or information hereby acquired.

I authorize all schools which I attended and all previous employers to furnish to Camp Kum-Ba-Yah, Inc. my record, reason for leaving and all information they may have concerning me and I hereby release them and Camp Kum-Ba-Yah, Inc. from all liability for any damage whatsoever arising therefrom.

I authorize those references listed with whom I am acquainted to furnish Camp Kum-Ba-Yah, Inc. with information used in connection with the evaluation of my qualifications as a prospective employee. This authorization will continue for a period of one year from the below date.

Signed

Date

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**Camp Kum-Ba-Yah
REFERENCE FORM**

Reference Person's Name _____ Date _____
Applicant's Name _____

The above named person has applied to work or volunteer in the following program:

To help us determine if this individual has the required temperament and qualifications to work with children, please fill out this reference form. **We ask you not to return it to the applicant, but rather to return it directly to us by mail or fax at 434-384-5732.** Your comments will be held in strict confidence.

Thank you for your help!

1. For how long have you known the above named individual? _____
2. In what context have you known this person? _____

3. What specific things have you seen them do that you think makes them qualified to work with children? _____

4. What ,if anything, have you seen this person do that might make you qualify, or make conditional, the contact they may have working with children? _____

5. Would you feel comfortable with the person if they were to work with your own child or children? _____

6. Tell us what went into your answer to question #5 above. Please be specific _____

(Please use the other side of this form for any question if you need more space)

Please mail this form to
Camp-Kum-Ba-Yah
4415 Boonsboro Rd
Lynchburg, Va. 24503
Or fax to 434-384-5732

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