



Camp Washington ♦ 190 Kenyon Road ♦ Lakeside, CT 06758
Tel: (860) 567-9623 ♦ Fax: (860) 567-3037
camp@campwashington.org ♦ www.campwashington.org

2010

Returning Staff Application

Statement of Practice:

In order to safeguard the well-being of the youth served, Camp Washington will investigate the accuracy of the data provided in the application process for all applicants before appointment to the camp staff can be made. This investigation will include, but is not limited to, reference checks with past employers, personal references provided, the military, educational institutions, volunteer organizations, civic groups and law-enforcement agencies.

Please Note: Only complete applications will be considered for an interview.

❖ **GENERAL INFORMATION** ❖

◆ NAME:

◆ FULL **PERMANENT** ADDRESS:

Street:

City/State/Zip:

Home phone:

Cell phone:

Email:

★ **Shirt Size**

_____ Small

_____ Medium

_____ Large

_____ X-Large

_____ Other Size:

◆ MAILING ADDRESS (if different than above):

Street:

City/State/Zip:

Home phone:

Cell phone:

Email:

Always use this mailing address

Use this mailing address through _____ (date) only.

◆ Social Security #:

◆ Sex: Male Female

◆ Date of Birth:

◆ Parish Affiliation (Name/Town/State):

◆ U.S. Citizen? Yes No

◆ Visa type, if not U.S. Citizen:

❖ EDUCATION & TRAINING ❖

- ◆ Are you **presently** attending:
- | | |
|--|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> College / University |
| <input type="checkbox"/> Graduate School | <input type="checkbox"/> Not presently enrolled |
| <input type="checkbox"/> Other: | |

◆ Name & address of school:

◆ Expected date of graduation:

◆ Associations, clubs, sports, professional societies, awards etc. :

◆ Major (undergraduate/graduate **students** only):

- ◆ Do you have a college degree? Associates BS/BA Masters
- Other: _____

◆ School Name & Major:

◆ Year of graduation:

◆ In the space below, please provide details of any **formal training** or **certification** relevant to the position for which you are applying. You may include any certifications that you intend to renew before the summer.

❖ SKILLS & SPECIALTIES ❖

Please select the program areas you feel best suited to work in at camp by placing a 1 next to areas that you can teach independently and a 2 next to those in which you can assist. If you have no interest or skill in a particular area, please leave the box blank.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> ARTS & CRAFTS | <input type="checkbox"/> SPORTS | <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> ARCHERY |
| <input type="checkbox"/> DANCE | <input type="checkbox"/> PLAY A MUSICAL INSTRUMENT: _____ | | |
| <input type="checkbox"/> ROPES COURSE | <input type="checkbox"/> CANOEING | <input type="checkbox"/> NATURE | <input type="checkbox"/> DRAMA/THEATER |
| <input type="checkbox"/> OUTDOOR LIVING SKILLS (camping, outdoor cooking, firebuilding, etc.) | | | <input type="checkbox"/> LIFEGUARD |
| <input type="checkbox"/> CANOEING | <input type="checkbox"/> SONG LEADING | <input type="checkbox"/> CHRISTIAN EDUCATION | |
| <input type="checkbox"/> OTHER (please list): | | | |

❖ WORK EXPERIENCE ❖

- I give Camp Washington permission to check my personal references and previous job/volunteer experience listed below and on any other previous applications. (Please check box)
- I give Camp Washington permission to ask prior employers/volunteer supervisors listed below and on any other previous applications about my job performance and evaluations. (Please check box)

SHOW PRESENT OR LAST EMPLOYER FIRST AND ANY EMPLOYMENT
SINCE YOUR LAST EMPLOYMENT AT CAMP WASHINGTON

◆◆ COMPANY NAME & FULL ADDRESS:

◆ Telephone:

◆ Your Position/Title:

◆ Dates of Employment:

◆ Salary:

◆ Supervisor's Name/Title:

◆ Brief description of responsibilities & reason for leaving:

◆◆ COMPANY NAME & FULL ADDRESS:

◆ Telephone:

◆ Your Position/Title:

◆ Dates of Employment:

◆ Salary:

◆ Supervisor's Name/Title:

◆ Brief description of responsibilities & reason for leaving:

If you need to list more than two employers, please attach a separate piece with the above information.

❖ VOLUNTEER EXPERIENCE ❖

**SHOW PRESENT OR LAST VOLUNTEER EXPERIENCE FIRST AND ANY VOLUNTEER WORK
SINCE YOUR LAST EMPLOYMENT AT CAMP WASHINGTON**

◆◆ Agency/Organization Name & address:

◆ Telephone:

◆ Dates of volunteer service:

◆ Your position/title:

◆ Supervisor's name/title:

◆ Brief description of work/project:

◆◆ Agency/Organization Name & address:

◆ Telephone:

◆ Dates of volunteer service:

◆ Your position/title:

◆ Supervisor's name/title:

◆ Brief description of work/project:

**If you need to list more than two agencies/organizations, please attach a
separate piece with the above information.**

❖ REFERENCES ❖

- ❖ Please provide **complete** information for 3 individuals who have knowledge of your character, experience and ability, *preferably since your last employment at Camp Washington*. Those listed below may not be listed under past employment. ❖

1. Educational/Professional Reference

- ◆ Name & Full Address (include zip):

- ◆ Telephone:
- ◆ Relationship:

2. Personal Reference

- ◆ Name & Full Address (include zip):

- ◆ Telephone:
- ◆ Relationship:

3. Family Reference

- ◆ Name & Full Address (include zip):

- ◆ Telephone:
- ◆ Relationship:

❖ QUESTIONS ❖

Please answer the following questions thoroughly on a separate piece of paper.

1. What was the highlight of your experience last summer and why?
2. What was the low-point of your experience last summer and why?
3. Discuss your primary strength last summer.
4. Discuss some aspect of your job performance that you believe still has room for improvement.
5. What skill have you acquired or experience have you had since the end of last summer that would make you a better staff member this summer?
6. Please list your preference of programs during specialty weeks. For what reasons do you prefer one program over the others?
7. **Optional** – Please feel free to make any (positive or negative) comments or suggestions about the Camp Washington program as you experienced it last summer.

- I certify that the answers given in this application are true and complete to the best of my knowledge. 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 and that any agreement to the contrary must be in writing and signed by the Executive Director or the Director of Camp & Program. I also understand that untrue, misleading, or omitted information herein may result in dismissal regardless of the time of discovery by the Camp. In signing this form, I acknowledge that Camp Washington reserves the right to conduct criminal records checks and “for cause” or random drug testing on me as an employee; and that Camp Washington also reserves the right to terminate my employment pending the outcome of drug testing and/or the criminal record check, during the entire duration of signed employment agreement.

Applicant Signature: _____

Parent/Guardian Signature: _____
(required if applicant is under 18 years of age):

Date: _____

❖ **BACKGROUND CHECKS** ❖

Camp Washington will conduct the following database searches for all applicants considered for employment, independent contractors & volunteers:

- Social Security Number Trace
- County court record search for all counties associated with your Social Security Number
- The National Criminal Database
- Sex Offender Registries

Your consent to conduct the above database searches is required in order to be considered for employment, contracted services or acceptance as a volunteer at Camp Washington. If you refuse to consent your application will not be considered. Applicants under the age of 18 must have their parents consent in order for Camp Washington to conduct a background check.

A “Driving History” may be requested of individual staff for the purpose of designating persons authorized to transport campers. You do not need to consent to the “Driving History” as a condition of employment, contracted services or acceptance as a volunteer.

Federal law requires that Camp Washington provide you with a copy of “*A Summary of Your Rights Under the Fair Credit Reporting Act.*” This summary appears on the next two pages. Please note that this summary covers all types of background checks including credit checks, as does the consent form provided by Sterling Testing Systems on the following page.

**CAMP WASHINGTON WILL NOT REQUEST A CREDIT REPORT
ON ANY SEASONAL EMPLOYEE, INDEPENDENT CONTRACTOR OR VOLUNTEER**

Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.



- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING	<i>PLEASE CONTACT</i>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051



CONSENT AND DISCLOSURE

Summer Positions

DATE _____

LOCATION: Camp Washington, Inc.

I understand that Camp Washington, Inc. will utilize the services of STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011, as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, Camp Washington, Inc. may obtain further information through subsequent investigations by STERLING TESTING SYSTEMS, INC so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include obtaining information regarding bankruptcies covering up to the last ten (10) years, obtaining information regarding civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years, obtaining information regarding any other adverse item of information covering up to the last seven (7) years and obtaining information regarding references and educational and employment verifications without any time limitations, subject to any limitations or exceptions applicable under state and federal law. The investigation also may include obtaining information relating to criminal records without any time limitations, subject to state law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the Company receives my request or five days after the investigative consumer report was requested, whichever is later.

[] By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any Company request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act

I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify Camp Washington, Inc. within five business days of my receipt of the report that I am challenging the accuracy of the information contained in this report with STERLING TESTING SYSTEMS, INC. and advise Camp Washington, Inc. as to the basis of my challenge.

In exchange for Camp Washington, Inc.'s consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against STERLING TESTING SYSTEMS, INC. for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against Camp Washington, Inc. or any of its employees, representatives, or agents arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

I hereby consent to this investigation and authorize Camp Washington, Inc. to procure a consumer report and/or investigative consumer report on my background as stated above from STERLING TESTING SYSTEMS, INC. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons..

Grid boxes for First Name and Date of Birth (MM/DD/YYYY)

Grid boxes for Last Name and Middle Name/Initial

Grid boxes for Other Names Known By and gender selection (Male/Female)

Grid boxes for Current Permanent Address and #yrs at this address

Grid boxes for City, State, Zip Code and #yrs at this address

Grid boxes for College Dorm or Apartment Address OR Previous Address if not a College Student and #yrs at this address

Grid boxes for City, State, Zip Code and #yrs at this address

Grid boxes for Driver's License No., State, and Social Security No.

Grid boxes for Driver's License No., State, and Social Security No.

Signature _____

Date _____

Minnesota & Oklahoma applicants Only: I have the right to request a copy of the consumer report obtained by Camp Washington, Inc. from Sterling Testing Systems, Inc. by checking the box below. Sterling Testing Systems, Inc. will mail the consumer report directly to me. Minnesota Applicants Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of any consumer report obtained by Camp Washington, Inc. from Sterling Testing Systems, Inc..



I wish to receive a copy of the consumer report. (Check box only if you wish to receive a copy)

**** PARENTS OF APPLICANTS UNDER THE AGE OF 18 ****

Location: Camp Washington, Inc.

I, legal parent or guardian of _____, do hereby declare that I voluntarily agree to allow said child to have a background investigation conducted by *Sterling Testing Systems, Inc.* I do hereby waive on behalf of myself and said child, all rights and do voluntarily agree that said background investigation should be performed and the results transmitted to Camp Washington, Inc. for whatever use they may determine.

In consideration of and as an inducement for *Sterling Testing Systems, Inc.* to perform a background investigation on my child, I do hereby release *Sterling Testing Systems, Inc.*, its officers and employees and Camp Washington, Inc., its officers and employees, and agents from any and all liability whatsoever as a result of said child having a background investigation performed and the transmitting and utilization of the results thereof.

Signature of Legal Parent or Guardian

Print Name

Date Signed