## WINONA CAMPS FOR BOYS

## STAFF APPLICATION

Name			Date of Birth_		
Last	First	Middle	(optional)		Female
Social Security Num	ber:				
Mailing Address			Phone #		
City			State	Zip	
E-mail			_ Cell #		
Work Experience	(List mos	t recent employ	ment first.)		
Please Give Three Ro	eferences:				
1. Name:			Position		
Business or Profession	on:		Tele #		
Address:			E-mail:		
2. Name:			Position		
Business or Profession	on:		Tele #		
Address:			E-mail:		
3. Name:			Position		
Business or Profession	on:		Tele #		
Address:			E-mail:		
If you are at least 21	rehicles drivers are req years old; have a valid	drivers license;	and would be will	ing to operate W	'inona Vehicles:
I became interested i	n Winona through:				

Have you ever been arrested?	No □	Yes □
If so, describe the charges and o	disposition of each	ch arrest.
Have you ever been charged with, disciparassment?		scharged from employment for child abuse, sexual abuse or sexual Yes $\Box$
If so, state the details of such a	n occurrence.	
I authorize Winona Camps to conduct a offender registries. Winona camps will	•	eck of all of this applicant's relevant record which will include sex associate with all background checks.
connection with same. I understand that	, if employed, I	ease Winona Camps for Boys and all others from liability in will be an at-will employee. I also understand that untrue, dismissal, regardless of the time of discovery by the camp.
Signature		Date

## **Return to:**

Winona Camps for Boys 35 Winona Road Bridgton, ME 04009

PHONE: 207-647-3721 FAX: 207-647-2750

WEBSITE ADDRESS: <a href="http://www.winonacamps.com">http://www.winonacamps.com</a>
EMAIL: information@winonacamps.com