WINONA CAMPS COUNSELOR APPLICATION

			Gender			
Date of Birth (circle one)) Age 18 Age 19/20 A	ge 21+ Social S	ecurity #			
Present Address: Str City	:eet	State_	Country _			
Telephone:						
E-mail						
Permanent Address:	Street					
City		State_	Counti	y	Zip	
					_	
Educational Backgro	Dund (High School and be	eyond)				
Years Attended	School		Major Subjects	Grade / Degrees Granted		
Camp Experience						
Dates	Camp	Direct	or	Location	Camper or Staff	
	F				r r	
Work Experience (Lis	st most recent employment	first.)				
Work Experience (Lis	st most recent employment Employer	first.) Contact No	umber Nat	ure of work	Reason for Leaving	
			umber Nat	ure of work	Reason for Leaving	
			umber Nat	ure of work	Reason for Leaving	
			umber Nat	ure of work	Reason for Leaving	
			umber Nat	ure of work	Reason for Leaving	
Dates	Employer	Contact No				
Dates	Employer nes with contact information	Contact No		ter and abilities. (No	o relatives, please)	
Dates References — Three nam	Employer nes with contact information	Contact No	our work experience, charac	ter and abilities. (No	o relatives, please)	
Dates References — Three nam	Employer nes with contact information	Contact No	our work experience, charac	ter and abilities. (No	o relatives, please)	
References — Three nam	Employer nes with contact information	Contact No	our work experience, charac	ter and abilities. (No		
Dates References – Three nam	Employer nes with contact information	Contact No	our work experience, charac	ter and abilities. (No	o relatives, please)	
Dates References — Three nam Name	Employer nes with contact information Phore	n who can comment on y	our work experience, charac E-mail	ter and abilities. (No	o relatives, please) Relationship to applica	
Dates References — Three nam Name Driving Record: If yo	Employer Les with contact information Phon Phon Ou have a valid driver's	n who can comment on you ne Number	our work experience, charac E-mail	ter and abilities. (No	o relatives, please) Relationship to applica	
Dates References – Three nam	es with contact information Phon Phon under a valid driver's ransport campers you m	Contact No	our work experience, charac E-mail ke to be considered for dor older:	ter and abilities. (No	p relatives, please) Relationship to applicationship to applicationshi	

"1" before those activities you can organize and teach as a lead instructor "2" for those activities you can assist in teaching "3" for those in which you have had limited experience. Skill Ratings:

<u>ATHLETICS</u>	WATERFRONT	<u>NATURE</u>	<u>CRAFTS</u>				
ArcheryBaseballBasketballRugbyLacrosseRidingRiflerySoccerSoftballDisc Sports	CanoeingDivingKayakingLifeguardRowingSailingSwimmingWater skiingStand Up PaddleboardingWindsurfing	AnimalsBirdsFlowersForestryGeneral EcologyInsectsRocks & Minerals	CeramicsLeatherworkNature CraftsPaintingPhotographySculptureSketchingWoodworking				
VolleyballTable TennisTennisTrackOther:	MUSIC/DRAMA Play Directing SingingSkitsStorytellingInstruments (List)	_Outdoor Living	MISCELLANEOUS Campfire ProgramsLarge Group Activities HOBBIES/INTERESTS				
Please use an additional sheet of paper to answer the following questions and add any comments that you feel might have a bearing on this application. If you have a resume, please enclose a copy with your completed application. A) Do you hold current certifications? Indicate certifications and give their expiration dates.							
B) What contrib	outions do you think you can make	e to the environment here a	nt Winona Camps for Boys?				
Would you able to live in	a tent or cabin with campers during	your employment?	No □ Yes□				
If hired would you need h	ousing for any person (s) other than	yourself at camp?	No □ Yes □				
them when they sleep, eat			living with campers; 24/7 supervision of or more of the above listed activities; and No Yes				
Have you ever been arrest If so, describe the charges	ted? No \square Yes and disposition of each arrest.	3					
Have you ever been charged with, disciplined for, or discharged from employment for child abuse, sexual abuse or sexual harassment? No Yes if so, state the details of such an occurrence.							
*I authorize investigation of all statements herein and release Winona Camps For Boys and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp. * By signing this application I authorize Winona camps to conduct a background check of all of the applicant's available records. Winona will pay all associated fees. * An interview will be required with the director or a designated camp representative.							
Signature of Applica	ant		Date				
Signature of Guardian (Required for applicants under 18)							

PHONE: 207-647-3721

FAX: 207-647-2750

WEBSITE ADDRESS: http://www.winonacamps.com EMAIL: information@winonacamps.com

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