



Camp Oliver
 PO Box 206
 Descanso, CA 91916
 Phone: (619) 445-5945 Fax: (619) 445-3326
 director@campoliver.com
 www.campoliver.com



OFFICE USE ONLY	
Date Received	
Date Contacted	
Interview Date	
Interview Time	
Position	
Contract	

CAMP OLIVER STAFF APPLICATION

Camp Oliver is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, gender, religion, sexual orientation, age or disability in employment or services.

This application will be given consideration. Its receipt does not imply the applicant will be employed. Each question should be answered in a complete and accurate manner. *Please send a cover letter with your application.*

PERSONAL INFORMATION

Date _____ Social Security # _____ T Shirt Size _____

Name _____ Cell Phone _____ Home Phone _____

E-mail _____

Home Address _____

City _____ State _____ Zip _____

Applicant's Mailing Address at College _____

City _____ State _____ Zip _____

Do you have a legal right to be employed in the United States? Yes ___ No ___

What position are you applying for? _____ Weekly Salary desired _____

Do you meet or exceed any minimum age requirements for this position? ___Yes ___No

How did you learn about Camp Oliver? _____

Dates available: From _____ To _____

If hired for the summer 2010 staff, are you available to work for the entire season? _____

Being a camp staff member means being in the outdoors for much of the day and living in rustic conditions. Summer staff spend one night a week sleeping under the stars, in close contact to trees and dirt, live closely with staff and campers in rustic cabins, share community bathrooms and may be required to lead a hike of up to 5 miles.

Are you able to perform these duties? _____Yes _____No

If you will require accommodations to perform these duties, please describe:

EDUCATION

Years Attended	School Name, Address & Phone Number	Major Subjects	Degree / Year

PAST EMPLOYMENT and VOLUNTEER WORK

Please provide a full record of employment for the past FIVE years, paid and volunteer. Use a separate sheet if necessary.

Dates	Employer/Supervisor	Address & Phone Number	Nature of Work	Reason for Leaving

Please indicate any employer(s) you do not wish us to contact and the reason why not.

CAMP EXPERIENCE

Dates	Camp & Director	Address & Phone Number	Camper or Staff?

REFERENCES

Give name/addresses of 3 persons (not relatives) having knowledge of your character and ability.

Name	Address, City, State and Zip Code	Phone Number	Relationship

3. Describe your experience or training, which may have prepared you for the position which you are applying for. Specify experience or training you have had in working with children and/or in camping.

4. Please describe a time you helped someone accomplish a goal or task.

Have you ever been convicted of a crime, other than minor traffic offense? _____

If yes, please describe. Convictions will not necessarily disqualify you from employment.

I authorize investigation of all statements herein and release Camp Oliver 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 director of the camp. I understand that untrue, misleading, or omitted information herein or in other documents completed will result in dismissal at the time discovered by the camp. I consent to a preliminary online background check by Camp Oliver Staff and will consent to a full background check by an independent company if hired for employment.

Signature _____ Date _____

Please return application to:

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