**Camp Sue Osborn Alumni Reunion**
**STAFF APPLICATION**

NAME: _____ BIRTHDATE: _____ AGE: _____

HOME ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

FAX NUMBER (if available): _____ EMAIL: _____

PLACE OF EMPLOYMENT: _____

POSITION: _____ EMPLOYER'S PHONE: _____

What years did you work at Camp Sue Osborn? _____

What campers did you work with? _____

Is there a specific group of campers that you would like to work with? _____

EDUCATIONAL BACKGROUND:

- ❑ High school Year of graduation: _____
- ❑ 2-year college Year of graduation: _____ Degree/Major: _____
- ❑ 4-year college Year of graduation: _____ Degree/Major: _____

SPECIAL TALENTS, SKILLS, AND ABILITIES THAT WOULD BE USEFUL AT CAMP:

REFERENCES:

1. Name: _____ Relationship: _____
   Company: _____ Position: _____
   Email address: _____ Phone: _____
2. Name: _____ Relationship: _____
   Company: _____ Position: _____
   Email address: _____ Phone: _____

Return completed application to:
Camp Sue Osborn Alumni Reunion
943 Richmond Road
Lyndhurst, OH 44124

**APPLICATION MUST BE RETURNED BY MARCH 8TH. POSITIONS WILL BE FILLED BY MARCH 30TH.**
**ALL STAFF MUST PRESENT PROOF OF BCI BACKGROUND CHECK.**