

For which camp are you applying? _____ DAY _____ RESIDENCE _____ BOTH

NAME: _____ BIRTHDATE: _____ AGE: _____

HOME ADDRESS: _____

HOME PHONE: () _____ STREET CITY STATE ZIP
CELL PHONE: () _____

FAX NUMBER (if available): () _____ EMAIL: _____

PLACE OF EMPLOYMENT: _____ POSITION: _____

EMPLOYER'S PHONE: () _____

POSITION DESIRED (Check all positions for which you are qualified and interested.):

_____ Counselor _____ Aide _____ Nurse _____ Bus Aide _____ Volunteer

Specialist (Residence Camp Only): _____ Autism _____ Behavior _____ Communication

Instructor (Residence Camp Only): _____ Art _____ Cooking _____ Drama _____ Fishing
_____ Games _____ Music _____ Science

Is there a specific group of campers that you would prefer to work with? (ages, populations, etc) _____

Have you worked at Camp Sue Osborn previously? _____ If so, how many years? _____

Educational Background:

High School Year of graduation _____

2-year college Year of graduation _____

4-year college Year of graduation _____

Degree/Major _____

Do you have:

Current CPR Training? _____ yes _____ no

Current first aid training? _____ yes _____ no

A teaching certificate? _____ yes _____ no Type: _____ State: _____

Ohio BCI & I background check MUST be submitted to Camp Director prior to camp.

Previous experience with children and young adults with disabilities:

Previous camping experience:

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: (____) _____
3. Name: _____ Relationship: _____
Company: _____ Position: _____
Email address: _____ Phone: (____) _____

Return applications to:

Camp Sue Osborn
8090 Broadmoor Road,
Mentor, OH 44060

POSITIONS WILL BE FILLED BY JUNE 1st.