



## Camp Axios Staff/ Counselor Application

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

**MANDATORY INFORMATION:**

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Education**

Years	School	Major Subject	Degree Granted

**Past Employment** (List previous 2 years.)

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

Have you been to Camp Axios previously (Please circle)    Yes            No

If yes, were you: (Please circle)    Staff    Sr. Counselor    Jr. Counselor    Camper

What position are you applying for: (Please circle) Staff \_\_\_\_\_ Sr. Counselor

**References** (Give names/addresses of 3 persons (not relatives) having knowledge of your character, experience and ability.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any certifications you currently hold. **Please attach copies of these certifications** (ie. Lifeguard, First Aid, CPR.):

\_\_\_\_\_

List any special skills you have that you feel qualify you for the position applied:

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Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime, including sex related or child abuse offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide details for each response to the above questions.

\_\_\_\_\_

Do you have Health Insurance? \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy No: \_\_\_\_\_ Group No: \_\_\_\_\_

Phone: \_\_\_\_\_

If No insurance, Who will be financially responsible for any injury or illness?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Do you have any Health Problems?(allergies, physical limitations, dietary concerns, etc.)

\_\_\_\_\_

\_\_\_\_ *I would like to receive **120 Community Service Hours** in lieu of payment.*

I authorize investigation of all statements herein and release the camp and all others from liability in connection with the same. I understand that untrue, misleading or omitted information herein may result in dismissal, regardless of the time of discovery by the camp. I give my consent to have my photo taken and used in connection with the camp.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_