



# STAFF APPLICATION

Return application to: *Camp Baco (for boys), Camp Che-Na-Wah (for girls)*  
484 South Wood Rd; Rockville Centre NY 11570 Tel: 516 867 3895 Fax: 516 868 3819

Baco info@campbaco.com www.campbaco.com  
Che-Na-Wah info@campchenawah.com www.campchenawah.com

The applicant warrants that the following information is true. Accurate but brief answers are essential. Statements and references will be carefully checked. WRITE IN INK OR TYPE ALL ANSWERS. Lack of camp experience is no obstacle to this application.

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

Application for position of (put specialty if any) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female

Permanent Home Address \_\_\_\_\_ Phone \_\_\_\_\_

School Address(if residence) \_\_\_\_\_ Cell \_\_\_\_\_

Nationality (Citizenship) \_\_\_\_\_ Social Security No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: M \_\_\_ D \_\_\_ Y \_\_\_ Age as of next July \_\_\_\_\_ Height (bare feet) \_\_\_\_\_ Weight \_\_\_\_\_

Marital Status \_\_\_\_\_ Children: Age & Sex \_\_\_\_\_ Are family accommodations required?  Yes  No

Any physical defects?  Yes  No Explain \_\_\_\_\_

Present Occupation \_\_\_\_\_ Best time/place to reach me is: \_\_\_\_\_

## PROFESSIONAL, TEACHING OR LEADERSHIP EXPERIENCE

Position \_\_\_\_\_ Dates \_\_\_\_\_ Institution \_\_\_\_\_

Director's Name and Address \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_ Institution \_\_\_\_\_

Director's Name and Address \_\_\_\_\_

## PREVIOUS CAMP EMPLOYMENT

Name of institution \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_ Salary \_\_\_\_\_

Director's Name, Address and Phone \_\_\_\_\_

Name of institution \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_ Salary \_\_\_\_\_

Director's Name, Address and Phone \_\_\_\_\_

Name of institution \_\_\_\_\_ Position \_\_\_\_\_ Year \_\_\_\_\_ Salary \_\_\_\_\_

Director's Name, Address and Phone \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_ Major Studies \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_ Major Studies \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_ Major Studies \_\_\_\_\_

## PLEASE INDICATE FIRST AND SECOND CHOICE FOR AGE GROUPS

Check age group of campers you prefer for cabin duty:  5-7  7-9  9-11  11-13  13-14  14-16

Check age group you feel best equipped to instruct:  5-7  7-9  9-11  11-13  13-14  14-16

## Activities Check List

Write **1** for activities that you are qualified to lead, teach or supervise. Write **2** for those you feel qualified to assist.  
Write **3** for activities in which you have participated.

### Land Sports

- Archery
- Baseball
- Basketball
- Fencing
- Football
- Golf
- Group Games
- Gymnastics
- Hockey (street)
- Karate
- Ping Pong
- Riding
- Soccer
- Lacrosse
- Softball
- Tennis
- Track
- Volleyball
- Wrestling
- Body Building
- Other \_\_\_\_\_

### Water Sports

- Canoeing
- Diving
- Row boating
- Sailing
- Swimming
- Life Saving
- Water Skiing
- Other \_\_\_\_\_

### Creative Arts

- Ceramics
- Copper Enameling
- Drawing
- Handicrafts
- Leather Work
- Metalwork
- Painting
- Paper Mache
- Sculpture
- Woodworking
- Other \_\_\_\_\_

### Outdoor Life

- Pioneering
- Backpacking
- Camp Crafts
- Canoe Trips
- Hiking
- Orienteering
- Outdoor Cooking
- Overnight Camping
- Other \_\_\_\_\_

### Nature and Ecology

- Amphibians
- Astronomy
- Birds
- Ecology & the Life Cycle
- Fishing
- Gardening
- General Science
- Geology
- Insects
- Reptiles
- Small Animals
- Trees/Wild Flowers

### Performing Arts

- Dramatics
- Directing
- Acting
- Script Writing

### Stage Crafts

- Costuming
- Lighting
- Makeup
- Sets

### Music

- Song Leading
- Guitar
- Piano
- Other \_\_\_\_\_

### Dance

- Aerobic
- Folk
- Modern
- Other \_\_\_\_\_

### Miscellaneous

- Computers
- Radio
- Radio Broadcasting
- Newspaper
- Photography
- Animal Care
- Other (specify) \_\_\_\_\_

### Office Skills

- Bookkeeping
- Typing

Do you hold any of the following <b>Certificates?</b> (Give issue / expiration dates; specify type ... attach a copy)		
	Issue/Expiration Date	Type (e.g.ARC)
<input type="checkbox"/> LGT Pool	_____	_____
<input type="checkbox"/> LGT Waterfront	_____	_____
<input type="checkbox"/> WSI	_____	_____
<input type="checkbox"/> RTE	_____	_____
<input type="checkbox"/> First Aid	_____	_____
<input type="checkbox"/> CPR/FPR	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Do you have a valid driver's license? <input type="checkbox"/> Passenger <input type="checkbox"/> CDL <input type="checkbox"/> Bus CDL <input type="checkbox"/> Other: _____ Any special condition which will enter into your accepting employment? _____ Any church or other obligations requiring time away from camp? _____ If seeking a specialty position, give full details, such as training, teaching experience etc. _____
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Have you ever been convicted of a crime more serious than a traffic violation? \_\_\_\_\_ If yes explain \_\_\_\_\_

Did you attend a camp as a camper? \_\_\_\_\_ CAMP \_\_\_\_\_ YEARS \_\_\_\_\_ CAMP \_\_\_\_\_ YEARS \_\_\_\_\_

Give a brief Biographical sketch of yourself \_\_\_\_\_

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Are you available for an interview in the metropolitan area?  Yes  No When? \_\_\_\_\_

If not where and when can we meet you? \_\_\_\_\_

*Additional statements, copies of recommendations, Etc. should be fastened to this application. DO NOT SEND ORIGINALS as none will be returned.*

SIGNATURE: \_\_\_\_\_