



# APPLICATION FOR SUMMER CAMP EMPLOYMENT: 2010

**Girl Scouts®**

**GIRL SCOUTS OF SOUTHEAST FLORIDA, INC.**

- This council is an equal opportunity employer. All applications for employment will be considered without regard to race, religion, color, gender, age, national origin or ancestry, citizenship, disability, marital status, or veteran status.
- Conditions of employment are stated at the end of this form. Please read it carefully before you sign this application. Application must be completed in full even if attaching a resume.
- This application form will be considered current for 120 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application form.

Please print clearly or type and return to: **EMILY ZARZYCKI, MANAGER OF OUTDOOR PROGRAMS**  
 1224 West Indiantown Road, Jupiter, FL 33458 (or) Fax: 561-427-0187

### Personal Data

Name:			
Present address and telephone:			
How long will you be at this address?			
Permanent address and telephone:			
E-mail:			
Cell Phone:			
Dates available for work:	From:		To:

Name of camp for which you are applying: (include dates)	Session(s): (or "all")	Session(s): (or "all")
_____	Resident _____	Day _____
_____	Resident _____	Day _____
_____	Resident _____	Day _____

NOTE: On-site training for Resident Camp Staff is required. For selection of "all" resident camp sessions, including training, the 8 week time frame is: June 5- August 1, 2010.

Languages other than English that you speak, read, or write: \_\_\_\_\_

Source of referral: School/Organization \_\_\_\_\_ Job Fair \_\_\_\_\_ Own Initiative \_\_\_\_\_  
 Friend \_\_\_\_\_ Publication \_\_\_\_\_ Former camper \_\_\_\_\_  
 Employee \_\_\_\_\_ College Placement \_\_\_\_\_ Other: \_\_\_\_\_

### Education

School Name and Location	High School or General Equivalency Diploma (GED)				Undergraduate College/University				Graduate/ Professional	Business/ Technical
	1	2	3	4	1	2	3	4		
Circle Last Year Completed										
Diploma / Degree / Credits										
Describe Course of Study										
Describe any honors you have received.										
List any leadership positions held.										
List any courses related to the position(s) desired.										

**Training and Skills Development** (if not listed under 'Education')

Course	Sponsoring Organization	Location	Date

**Current Certifications and Licenses** (include Driver's License if required by job)

Certification (Please complete all that apply)	Issuing/Sponsoring Agency	Expiration Date
<input type="checkbox"/> CPR, Type:		
<input type="checkbox"/> First Aid, Type:		
<input type="checkbox"/> Certified Lifeguard Training		
<input type="checkbox"/> Water Safety Instructor		
<input type="checkbox"/> Registered Nurse		
<input type="checkbox"/> Emergency Medical Technician		
<input type="checkbox"/> Other		

**Volunteer Activities** (List community, school, or other experiences, including any work with children, along with the activities and dates).

Item	Activities	Date(s)

**Previous Camp Experience**

Camp Name and Address	Position	Year	Agency or Sponsoring Organization	Telephone Number	Supervisor

**Employment**

Employer and Location (Most recent employer first)	Position	Dates	Reason for Leaving	Telephone Number	Supervisor

**Position Desired**

Day Camp  or Resident Camp  Please circle position(s) desired:

- |                                      |                                    |                               |
|--------------------------------------|------------------------------------|-------------------------------|
| Assistant Camp Director              | Kitchen Assistant                  | Waterfront/Aquatics Assistant |
| Assistant Cook                       | Operations Specialist              | Waterfront/Aquatics Director  |
| Boating Instructor                   | Program Director                   |                               |
| Cook                                 | Program Specialist/Activity Leader |                               |
| Counselor-In-Training Director       | Unit Assistant                     |                               |
| Health Care Manager/Registered Nurse | Unit Leader                        |                               |
| Health Care Assistant/First Aider    |                                    |                               |

## References

(Three persons not related to you; preferably current and/or former supervisors; include camp directors, if applicable).

Name	Title	Address	Telephone Number

- I hereby authorize you to check all my educational references and the personal employment references as indicated below; I further authorize these references to release to you all information that they have about me (check all that apply):

Present employer \_\_\_\_\_  
Previous employers \_\_\_\_\_

Present employer after accepting position \_\_\_\_\_  
Additional references listed \_\_\_\_\_

- Do you know of any reason why you would not be able to perform the essential functions of the job position for which you are applying with or without reasonable accommodation? Yes  No  If yes, please describe:
- Are you legally eligible to be employed in the United States? Yes  No  (Proof of identify and eligibility will be required upon employment)
- Have you ever been convicted of a crime (other than traffic violations)? Yes  No   
If yes, please state offense, date and location (a conviction record will not necessarily be cause for disqualification).
- I understand the completion of a physical examination and current health history is a condition of employment.

I understand that this employment application and any other Girl Scout documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice and/or may be terminated by the council at any time. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I also understand that I am submitting this application to become an employee of Girl Scouts of Southeast Florida Council and not GSUSA.

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date