LAKOTA FAMILY YMCA

CAMP ARROWHEAD STAFF APPLICATION

| Date | | - | | | |
|--|------------------------|-----------------|----------------|--|--|
| GENERAL INFO | RMATION | | | | |
| Name | | | | | |
| Date of Birth | | Age | | | |
| Home Address | | | | | |
| Cell Phone Number | r | | | | |
| Email Address (one | e you check regularly) | | | | |
| Referred by? | | | | | |
| EDUCATION | | | | | |
| | Name & Location | Years Attended | Date Graduated | | |
| High School | | | | | |
| College/University | | | | | |
| FORMER EMPLOYERS List your last 4 employers, starting with the most recent | | | | | |
| Dates of | Name of Employer | Pay rate/Salary | Position | | |
| Employment | & Location | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

REFERENCES

| Please list 3 people | e NOT related to you whom y | ou have known for at | least 1 year |
|----------------------|----------------------------------|-------------------------|--------------|
| NAME | PHONE NUMBER | RELATIONSHIP | YRS KNOWN |
| | | | |
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| | | | |
| | | | |
| | | | |
| CERTIFICATION | NC. | | |
| CERTIFICATION | _ | | |
| Are you currently | certified in CPR, First Aid or L | ife Guarding? Please li | st below: |
| | | | |
| | | | |
| | | | |

AVAILABILITY

The camp season begins May 27th and runs until August 8th. We realize that you may be taken a vacation and/or days off during the summer but advanced notice must be given.

JOB DESCRIPTIONS

Camp Counselor: Must by at least 16 years of age by June 1, 2025 and enrolled in high school or college. You must have experience with children preferably in a camp setting. A Camp Counselor shares responsibility for the leadership and guidance of an assigned group of campers. Some activity planning may be required. You will also assist Activity Directors in implementing activities.