



## SUPPORT STAFF APPLICATION FORM

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First not required

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone Numbers \_\_\_\_\_ e-mail \_\_\_\_\_  
List and label all numbers where you can be reached

Position(s) you are seeking \_\_\_\_\_ Earliest Date Available \_\_\_\_\_ Latest Date to Stay \_\_\_\_\_

Are you willing to live with children ? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what age group(s)? 7-10 \_\_\_\_\_ 11-13 \_\_\_\_\_ 14-16 \_\_\_\_\_

Are family accommodations required? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are they? \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have any physical limitations, recurring illness, or special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Have you ever been arrested, indicted, or accused of any form of child abuse or of any behavior that might be considered inappropriate for someone who will be working and living with children? Yes \_\_\_\_\_ No \_\_\_\_\_ Please attach explanation.

**EDUCATION** (Please start with most recent)

Dates	School	Major Subjects	Degree Granted

**CAMP EXPERIENCE** (as camper and/or staff)

Dates	Camp	Address (City and State)	Position

**EMPLOYMENT HISTORY** (Please provide a full record of work experience outside of camp. Use extra sheets if necessary.)

Dates	Employer Name and Address	Phone	Position and Nature of work	Supervisor	Reason for leaving

**(continued on reverse)**

**REFERENCES (Please list 3 persons--non-relatives--having knowledge of your character, experience, and abilities and have them send completed reference forms.)**

Name	Address	Phone	Relationship to you

Please list your top 3 pertinent skill areas and explain your experience in each.

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Please use this space to relate any relevant information that you think we should know about you. Please include why you want to work at Camp Scatico and what you expect to gain from your experience.

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I attest that all answers given in this application are accurate and complete, and I understand that my employment is based upon the accuracy of this information and a personal interview. I authorize investigations of all statements herein and release the camp from liability in connection with same. Any false statements, omissions or misleading information would make this application null and void and would be sufficient cause for my immediate dismissal in the event of my employment. If I am hired, I agree to conform to the rules and regulations set forth by Camp Scatico, my employer.

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

Camp Scatico provides equal employment opportunities without regard to race, color, religion, national origin, age, disability or veteran status.

**Send application and 3 completed reference forms to: Camp Scatico, 1558 Route 19, POB 6, Elizaville NY 12523**

*www.scatico.com      tel: 845-756-4040      fax: 845-756-2298      e-mail: info@scatico.com*