Springfield College's Camp Massasoit STAFF APPLICATION

POSITION(S) APPLING FOR:_____

DATE OF APPLICATION:

NOTE: PLEASE BE CONCISE YET THOROUGH IN COMPLETING THE APPLICATION. SHOULD YOU NEED MORE SPACE, PLEASE USE ADDITIONAL PAPER.

FOR OFFICE USE ONLY:

Application Rec'd Interview Date Student Non-Student New Staff Member Returner Position Notes:	
Agreement Sent	

PLEASE PRINT OR TYPE CLEARLY

PERSONAL:

Last Name	First		MI	Nickname
T-Shirt Size				
Current Address:				
City:	State:	Zip:	Cell Phone: ()
Permanent Address:				
City:	State:	Zip:	Phone: ()
Earliest date you will be a	vailable:		Latest date you may rema	in:
Email Address:			_	
Full Time Student: □Yes				
If no, Occupation:	· · · · · · · · · · · · · · · · · · ·			
Preferred Mailing Addres	s: 🛛 Current 🕻	🛛 Permaner	nt Until what date:	
How did you hear about C	amp Massasoit?			

EDUCATION:

SCHOOL	NAME OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
Graduate Degree				🗆 Yes 🗆 No	
Undergraduate Degree				🗆 Yes 🗆 No	
HIGH SCHOOL				🗆 Yes 🗆 No	

CERTIFICATIONS

Indicate with an X if you are currently certified in any of the following areas:

Indicate with an X if you are curr	ently certified in any of the following	areas
[] Standard First Aid	Date Obtained:	Valid Through:
[] Advanced First Aid	Date Obtained:	Valid Through:
[] CPR	Date Obtained:	Valid Through:
[] Water Safety Instructor	Date Obtained:	Valid Through:
[] Lifeguard Certified	Date Obtained:	Valid Through:
[] Archery	Date Obtained:	Valid Through:
Small Craft Instructor in		
[]Canoe[]Kayak	Date Obtained:	Valid Through:
		-

SEND APPLICATION TO:

Angela Veatch, Springfield College's Camp Massasoit, 263 Alden St., Springfield, MA 01109 Telephone Numbers: (413) 748-4020 (main) (413) 750-5012 (fax) campmassasoit@springfieldcollege.edu **EMPLOYMENT:** (Please start with present or most recent employer.)

1. Company Name:						
Address:		Telephone: ()				
Employed (mm/yy-mm/yy): _	Salary:	Position:				
		Reason for Leaving:				
Job responsibilities:						
2. Company Name:						
		Telephone: ()				
Employed (mm/yy-mm/yy):						
Name of Supervisor:		Reason for Leaving:				
3. Company Name:						
Address:		Telephone: ()				
Employed (mm/yy-mm/yy):	Salary:					
		Reason for Leaving:				
Job responsibilities:						
		nt: For Office Use Only				
1. Name of Contact:	Date:	Employment Vertified Y/N				
2. Name of Contact: 3. Name of Contact:	Date: Date:	Employment Vertified Y/N Employment Vertified Y/N				
1. Organization Name:		<u>ENCE</u> : (including student teaching) Position: Telephone: ()				
•		Employed (mm/yy-mm/yy):				
Responsibilities:						
		Position:				
Name of Supervisor:		Telephone: ()				
Address:		Employed (mm/yy-mm/yy):				
Responsibilities:						
-	•	Massasoit. Please put a "T" before those activities eel you could assist confidently and competently. Pu				
an "H" before those activitie	•					
Archery	First Aid	Paper Mache				
Animals	Fishing	Photography				
Arts and Crafts	Fitness	Pottery				
Astronomy	Flowers	Rock climbing				
Birds	Frisbee Golf	Rowing				
Camp Newsletters Canoeing	Geology Group Games	Sailing Science Experiments				
Competitive Swimming	Guitar	Singing/Song Leader				
Conservation	Kayaking	Storytelling				
Dance	Meteorology	Swimming				
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Drama (Skits, Performance)	Nature Treks	Tie-Dye
Ecology	Painting	Trees
Other (Be Specific):		

REFERENCES

Please give the name, address, & current telephone number of three adults (not relatives or friends) who have knowledge of your character, experience & ability who you have contacted for a written reference. PLEASE DOWNLOAD OUR REFERENCE FORM AND HAVE THOSE NAMED BELOW FILL ONE OUT.

		(
Name	Address	Tel	Telephone Number		
Name	Address	(Tel) ephone Number		
Name	e Address Telephone Nu) ephone Number		
learning experiences at 2. ACTIVITY PLAN: Please download a copy	r philosophy with regards to childı	d submit one activity pla	n that you believe		
ADDITIONAL INFORMA		Chata of Taguara	#		
1. Do you have a valid U.S	5. driver's license? 🛛 Yes 🗆 No	State of Issuance	#		

2.	Have you ever had a driver's license suspended or revoked in the last 4 years?	Yes	No
	If yes, please provide details:		

- Is there an age level you feel most comfortable working with? ______
 Least comfortable? ______
- Can you commit to nine weeks of camp? □ Yes □ No Date(s) of conflict: ______

6. When would the most convenient time during the week of April 19 or the April 26 for an interview (remote? (List 2)

7. Are you legally eligible for employment in the United States?
Yes
No

8	Have	vouever	been	convicted	of a	nv crime	relating	in any	v manner ·	to child	ren and/or	vour	conduct
υ.	1 iuve	you ever	Deen	convicieu			1 Clui IIIg	in un	ymumer		ch unu, or	your	conduct

with them? Yes No If yes, please explain: (Use a separate sheet, if necessary.)

В.

9. Have you ever been convicted of distribution and trafficking of narcotics or other controlled substances.

Yes No If yes, please explain: (Use a separate sheet, if necessary.)

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Α.

Angela Veatch, Springfield College's Camp Massasoit, 263 Alden St., Springfield, MA 01109 Telephone Numbers: (413) 748-4020 (main) (413) 750-5012 (fax) <u>campmassasoit@springfieldcollege.edu</u> Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? Yes No If yes, please explain: (Use a separate sheet, if necessary.)

I understand that:

- a) Camp Massasoit may deny employment to any person who answers "yes" to any question 8-10. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c) Camp Massasoit may terminate employment of any person if that person is found, regardless of when discovered, to:
 - i. have a history of complaints of abuse of a minor;
 - ii. have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 - iii. have falsified or omitted information in this disclosure statement.

Signature	Date
Signature of Minor's Parant on Guardian	Date
Signature of Minor's Parent or Guardian _	

Springfield College's Camp Massasoit is an equal opportunity employer and we do not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, or any other class protected by federal, state or local law.

The statements in this application are true, correct and complete. I understand any misrepresentation or omission of information on this application shall be considered sufficient reason for withdrawal of an offer or subsequent termination of employment.

I authorize investigation of all the statements herein and release Camp Massasoit and all others from liability in connection with the same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp.

I hereby authorize Springfield College's Camp Massasoit to contact my stated references and to conduct a personal criminal record check. I understand and agree to the conditions stated above.

Date

Signature