# 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.

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:				
			Cell Phone: (	)
Permanent Address:				
City:	State:	Zip:	Phone: (	)
			Latest date you may rema	
Email Address:			_	
Full Time Student: □Yes				
If no, Occupation:				
			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 All you are curr	entry cer infled in dry of the following d	i eus.
[ ] 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) 750-5011 (main) (413) 750-5012 (fax) <u>campmassasoit@springfieldcollege.edu</u> **EMPLOYMENT**: (Please start with present or most recent employer.)

1. Company Name:			
Address:		Telephone: ( )	
Employed (mm/yy-mm/yy): _	nployed (mm/yy-mm/yy): Salary: Position:		
Name of Supervisor:	me of Supervisor: Reason for Leaving:		
2. Company Name:			
		Telephone: ( )	
		Position:	
		Reason for Leaving:	
3. Company Name:			
Address:		Telephone: ( )	
		Position:	
		Reason for Leaving:	
Job responsibilities:			
Ver	ificiation of Employme	nt: For Office Use Only	
1. Name of Contact:	Date:	Employment Vertified Y/N	
2. Name of Contact:	Date:	Employment Vertified Y/N	
3. Name of Contact:	Date:	Employment Vertified Y/N	
1. Organization Name: Name of Supervisor:		RIENCE: (including student teaching) Position: Telephone: ()	
		Employed (mm/yy-mm/yy):	
Responsibilities:			
2. Organization Name:		Position:	
Name of Supervisor:			
•		Employed (mm/yy-mm/yy):	
Degravath ilitiage			
The following is a list of act	•	Massasoit. Please put a "T" before those activitie	
		el you could assist confidently and competently. P	
an "H" before those activitie	es that you pursue on a r First Aid	recreational level (hobby). Paper Mache	
Animals	Fishing	Paper Mache	
Arts and Crafts			
Astronomy	· ·		
Birds	Frisbee GolfRowing		
Camp Newsletters			
Canoeing	Group Games Guitar	Science Experiments	
Competitive Swimming Conservation	Guitar Kayaking	Singing/Song Leader Storytelling	
Dance	Meteorology	Swimming	
SEND APPLICATION TO:	5.	-	

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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	Telephone Number
		()
Name	Address	Telephone Number
		( )
Name	Address	Telephone Number

#### ADDITIONAL REQUIREMENTS:

1. REQUIRED ESSAY:

Please comment on your philosophy of counseling children and how you would program for outdoor learning experiences at Camp Massasoit.

2. ACTIVITY PLAN:

Please download a copy of our activity plan worksheet and submit one activity plan that you believe would help to achieve the philosophy of the camp based on the position for which you are applying.

#### ADDITIONAL INFORMATION:

1. Do you have a valid U.S. dri	ver's license? 🛛 Yes 🗆 No	State of Issuance	#
2. Have you ever had a driver	's license suspended or revoke	ed in the last 4 years?	Yes No
If yes, please provide deta	ils:		
3. Is there an age level you fe		with?	
Least comfortable?			
4. Can you commit to nine wee	ks of camp? 🗆 Yes 🕒 No		
Date(s) of conflict:			
5. Would you need on-campus			
6. When would the most conv	enient time during the week o	f March 11-15 for an inte	erview? (List 2)
A	В		
7. Are you legally eligible for	employment in the United Sta	ates? 🗆 Yes 🗆 No	

- 8. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? #Yes #No If yes, please explain: (Use a separate sheet, if necessary.)
- 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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Angela Veatch, Springfield College's Camp Massasoit, 263 Alden St., Springfield, MA 01109 Telephone Numbers: (413) 750-5011 (main) (413) 750-5012 (fax) campmassasoit@springfieldcollege.edu 10. 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 Parent or Guardian	 Date

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