



CAMP COTTAQUILLA

General Application Instructions

1. Please print clearly in ink on application materials.
2. Fill out the application in detail. Be sure to include area codes with phone numbers and give complete addresses including zip codes.
3. Return completed application to:

**Camp Director
Girl Scouts of Cottaquilla Council
1619 Christine Avenue
Anniston, AL 36207**
4. You must provide three personal references (see application form) from persons who have definite knowledge of your qualifications for the position. **PLEASE DO NOT USE RELATIVES OR PERSONAL FRIENDS.** Make sure you include complete names and addresses, including street numbers and zip codes. Incomplete information will result in an incomplete application. If you are unsure of an address, please contact that person yourself to get the correct information. We cannot mail a reference form to an incomplete address.
5. Your application will not be complete until ALL of your references have been received.
6. Once all three references have been received, you will then be contacted for further exploration as to your potential as a Camp Cottaquilla Resident Camp Staff member.
7. If you have any questions about your application, please call the Resident Camp Director at 1-256-237-2825 or 1-800-677-2247, or email lchenard@cableone.net.



GIRL SCOUTS OF COTTAQUILLA COUNCIL
 1619 Christine Avenue Anniston, AL 36207
 Phone: 256-237-2825 FAX: 256-236-8508

**CAMP COTTAQUILLA
 SUMMER CAMP STAFF APPLICATION**

Date _____

Name _____
Last First M.I.

Current Address _____
Street

City State Zip Phone (____) _____

Permanent Address _____
Street

City State Zip Phone (____) _____

E-Mail Address _____ Cell (____) _____

Are you lawfully authorized to work in the United States? ___Yes ___No

Social Security # _____

Will you at least be a graduating high school senior by June 1? ___Yes ___No

Do you have any restriction with regard to the dates available for employment? ___Yes ___No

If yes, explain: _____

POSITION DESIRED

Check 1st & 2nd choices (Minimum Age) (Male Female)

- | | | |
|--|---|--|
| <input type="checkbox"/> Unit Counselor (18) (F) | <input type="checkbox"/> Lifeguard/Unit Counselor (18) (F) | <input type="checkbox"/> Unit Leader (21) (F) |
| <input type="checkbox"/> Program Director (19) (M/F) | <input type="checkbox"/> Waterfront Director (21) (M/F) | <input type="checkbox"/> Health Aide (21) (F) |
| <input type="checkbox"/> Health Supervisor (25) (F) | <input type="checkbox"/> Assistant Camp Director (25) (M/F) | <input type="checkbox"/> Business Manager (21) (M/F) |
| <input type="checkbox"/> Kitchen Supervisor (25) (M/F) | <input type="checkbox"/> Cook (18) (M/F) | <input type="checkbox"/> Kitchen Aide (15) (M/F) |

EDUCATION

High School _____ Course of Study _____
 Check Last Year Completed __1 __2 __3 __4 Did you graduate? __Y __N
 List Diploma or Degree _____

College _____ Course of Study _____
 Check Last Year Completed __1 __2 __3 __4 Did you graduate? __Y __N
 List Diploma or Degree _____

Other (Specify) _____ Course of Study _____
 Check Last Year Completed __1 __2 __3 __4 Did you graduate? __Y __N
 List Diploma or Degree _____

CAMP EMPLOYMENT OR EXPERIENCE

Employer Name/Address _____
Camper or Staff Position _____ Name of Director _____
Phone _____ Dates _____

Employer Name/Address _____
Camper or Staff Position _____ Name of Director _____
Phone _____ Dates _____

PAST EMPLOYMENT (List below all present and past employment, beginning with your most recent)

Employer/Company _____
Address _____ Phone _____
Supervisor Name _____ Nature of Work _____
Dates of Employment (mo/yr-mo/yr) _____
Reason Left _____ Eligible for Rehire ___Y ___N

Employer/Company _____
Address _____ Phone _____
Supervisor Name _____ Nature of Work _____
Dates of Employment (mo/yr-mo/yr) _____
Reason Left _____ Eligible for Rehire ___Y ___N

Employer/Company _____
Address _____ Phone _____
Supervisor Name _____ Nature of Work _____
Dates of Employment (mo/yr-mo/yr) _____
Reason Left _____ Eligible for Rehire ___Y ___N

PERSONAL REFERENCES

List three people who can make a statement regarding your character, work experience, ability, and how you relate to your peers and to children. Do NOT include relatives or personal friends (roommates, boyfriends, sorority sisters). We must have an exact address including street and zip code.

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____

AREAS OF INTEREST

In the following list, place “1” before those activities that you can organize, lead, or teach; “2” for activities in which you can assist in teaching; “3” for activities in which you have participated but have little skill or experience.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Nature Study | <input type="checkbox"/> Backpacking | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Orienteering | <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Canoeing/Boating | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Photography | <input type="checkbox"/> Group Sports |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Group Games | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Knots/Lashing | <input type="checkbox"/> Campfire Programs | <input type="checkbox"/> Geology |
| <input type="checkbox"/> Other: (list: _____) | | |

CURRENT CERTIFICATIONS:					
	Certification No.	Expires		Certification No.	Expires
<input type="checkbox"/> Lifeguard	_____	_____	<input type="checkbox"/> Medical (RN, LPN, EMT)	_____	_____
<input type="checkbox"/> Water Safety Instructor	_____	_____	<input type="checkbox"/> A.R.C. First Aid	_____	_____
<input type="checkbox"/> Small Craft Instructor	_____	_____	<input type="checkbox"/> C.P.R.	_____	_____
<input type="checkbox"/> Small Craft Safety	_____	_____	<input type="checkbox"/> Basic Water Rescue	_____	_____
<input type="checkbox"/> Drivers License (state _____)	_____	_____	<input type="checkbox"/> Archery	_____	_____
Please submit full photocopies of these certificates with your application.					
Would you be willing to get certified in one of the above? <input type="checkbox"/> Y <input type="checkbox"/> N					
If yes, in what area? _____					

PLEASE ANSWER THE FOLLOWING QUESTIONS GIVING CAREFUL CONSIDERATION TO EACH.

(Please use a separate sheet of paper.)

- How did you learn about Camp Cottaquilla?
- Why do you want to work at Camp Cottaquilla, and what is your definition of a Camp Cottaquilla staff member’s responsibilities?
- Briefly describe community, school, or other experiences that will enable you to carry out the responsibilities of the job you are seeking.
- List experience in working with children (include the age level).

PERSONAL

(Please initial Yes or No)

- Do you know of any reason why you would not be able to perform the essential functions of the position you are applying for with or without reasonable accommodations? Y N
- Have you ever been arrested and/or convicted for an offense involving mistreatment of a child, sexual abuse, contributing to the delinquency of a minor, or simple battery involving children? Y N
- Have you ever been arrested and/or convicted of driving under the influence of alcohol or drugs, or any offense involving the use or sale of drugs and/or alcohol? Y N
- Have you ever been charged and/or convicted of any misdemeanor or felony? This includes traffic violations but not parking violations. Y N

If you answered “yes” to any of the above, please explain in detail on a separate sheet of paper.

STATEMENT OF APPLICANT

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification from further consideration and/or dismissal from employment.

In the event of my employment by Girl Scouts of Cottaquilla Council, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I understand that my initial employment is contingent upon my being in good health, free from contagious disease(s), and completion of a physical exam and a drug test.

Additionally, I authorize Girl Scouts of Cottaquilla Council to contact my references and conduct a background check. I further understand that inquiries may be made concerning me, my background, experience, and prior employment. Inquiries or requests may be made by you, or your representatives, to any government agencies, including law enforcement agencies or departments, or any other party with legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy since they are made with my consent, and it is in my interest that I be considered for employment.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an employment at will, giving either me or Girl Scouts of Cottaquilla Council the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination.

I hereby acknowledge that I have read and understood the above statements, and that I voluntarily sign this application.

Signature

Date



An Equal Opportunity Employer

GSCC – 02-06