



Summer (June 6-Aug.31):
 PO Box 570
 Jaffrey, NH 03452
 Tel: 603-563-8531
 1-800-352-9102
 Fax: 603-563-8129

Winter (Sept.-June 6):
 36 Franklin Ct
 Garden City, NY 11530
 Tel: 516-747-1326
 1-800-352-9102
 Fax: 516-747-1328

SUPPORT STAFF APPLICATION

Please Fill Out and Complete the Entire Application

Please check the support staff position for which you are applying:

___ cook ___ kitchen staff ___ housekeeping ___ maintenance ___ secretarial ___ stable management

CONTACT INFORMATION

Name: _____ Date of Birth (optional): _____

Permanent Address: _____ State: _____ Zip Code: _____

Home Phone No: _____ Social Security No.: _____ - _____ - _____

Cell Phone No: _____ Work phone no. _____ Email Address _____

Current Address: _____ State: _____ Zip Code: _____

() Female () Male () Married () Single

I prefer to be contacted by: Cell phone () Home phone () Email () [indicate with an X]

EDUCATION

High School: _____

College: _____ Major: _____

Degree: _____

CAMP EXPERIENCE (camper or staff)

Position	Camp	Location	Dates

WORK EXPERIENCE

Position	Employer	Supervisor	Dates

REFERENCES (THREE NON-RELATIVES WHO HAVE KNOWLEDGE OF YOUR CHARACTER AND YOUR ABILITY)

Name	Relationship	Phone Number	City/State

GENERAL QUESTIONS

What kind of background, special training, personal experiences and/or skills qualifies you for this job?

OTHER: (please list including all certificates and/or international equivalents in any area)

Why do you want to work at a summer camp?

Would you rather work alone or in a team environment? Explain.

While working with a team, what can you add to it?

SPECIAL ABILITIES: Place a number one (1) before all areas in which you are skilled. Two (2) before those areas in which you have some knowledge and average skill. Three (3) before those areas in which you have limited ability.

COOKING	KITCHEN STAFF	HOUSEKEEPING	MAINTENANCE	SECRETARIAL	HORSE STABLE
management	Follow directions	Follow directions	Follow directions	Follow directions	Follow directions
food safety	Salad prep	Team work	carpentry	Phone skills	Saddling
organization	Food prep	mopping	landscaping	People skills	Bridles
Meats/fish	Food safety	sweeping	painting	Typing	Feeding
vegetables	Food handling	cleanliness	Electricity	Excel	Organization
Sides	Stocking/lifting	organization	plumbing	Organization	Brushing
salads	organization	scrubbing	Lawn mower	Dealing w/campers	Mucking
bread	dishwashing	Laundry	Drills	communication	cleaning
soups	cooking	Thoroughness	Hammer	Time management	Painting
pasta	Chart keeping	raking	Weed wacker	Camper travel	Feed stocking
seasoning	Team work		Boat motors	Multitasking	Hay stocking
casseroles	mopping		Car motors	Team work	Jumps
menu planning	sweeping		Water pumps		Team work
presentation	Cleanliness		Small engines		Horse health
pastries	Food ordering		Trash removal		
desserts	Salad bar		driving		

Do you have a driver's license? () Yes () No

If "yes", what state: _____ Driver's license #: _____

Would you have a car at camp? () Yes () No

Do you have any dietary restrictions? () Yes () No

If yes, please explain:

Have you ever been convicted for any crime, including sex-related or child abuse related offenses? () Yes () No

If yes, please explain:

(Wa-Klo performs criminal background checks on all employees)

What is a good time to contact you to discuss your application? (times /days) _____

Counseling staff arrives to camp early-mid June with campers arriving at the end of June. Camp ends mid-August. (**Many times we need maintenance staff much earlier than the camp start date and to work later than the camp end date. ***)

What dates are you available to work? From _____ To _____

Where or how did you hear about us? _____

****Anyone 13-15 years of age and hired by Camp Wa-Klo must supply working papers (usually issued at employee's school) in order to work at Camp Wa-Klo. Anyone 16-17 years of age and hired by Camp Wa-Klo, must have signed parental permission slip before beginning work. Camp Wa-Klo will supply permission slips.****

PLEASE COMPLETE APPLICATION and EMAIL/ MAIL/FAX COMPLETED APPLICATION TO:

**Camp Wa-Klo
36 Franklin Ct.
Garden City, NY 11530
FAX: 516-747-1328
Email: info@campwaklo.com
www.campwaklo.com**

NOTE: Completion of this application form does not require Camp Wa-Klo to offer employment for any part of the season.

I certify that the statements found in this application are true. I will notify Camp Wa-Klo should situations or answers found in the application change between the completion of this application and the beginning of camp.

****Camp Wa-Klo has a zero tolerance for drugs, alcohol, tobacco, and weapons on camp property. Smoking is prohibited on camp grounds. For the safety of all, Camp Wa-Klo does not allow anyone at camp to have weapons at any time. If a camper or member of the staff chooses to violate these policies while under the care and authority of Camp Wa-Klo, they will be immediately removed from the camp community and taken to the next available transport home.****

By submission of this application to Camp Wa-Klo, I understand and agree to the above statements.

Please attach any additional relevant information on a separate page.

SIGNATURE:

PRINT NAME: _____

**Director: Virginia E. Maurer, MD
Assistant Director: Susan R. Chenet**