



Trinity Woods Summer Day Camp – New Staff Application

General Information:

Name: _____ Preferred Name: _____

Address: _____
Street City State Zip

Home Phone: () _____ Cell Phone: () _____

Best Time to Call: _____ Email: _____

Please rank the best way to reach you (1 being the best and 3 being the worst): ____ Home ____ Cell ____ Email

Age: _____ DOB (mm/dd/year): _____ Pronouns: _____ Shirt Size: S M L XL XXL

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

Emergency Contacts:

Name	Relation	Phone Number(s)
_____	_____	_____
_____	_____	_____

Educational Background:

Occupation/Year in School: _____ College/University: _____

Major: _____ Graduation Date/ Expected Graduation Date (Month/Year): _____

Summer Break: _____ to _____

Extracurricular activities in which you are currently active: _____

High School/Graduation Date (Month/Year): _____

Past Employment:

Dates of Employment	Employer	Email	Phone
_____	_____	_____	_____
Dates of Employment	Employer	Email	Phone
_____	_____	_____	_____
Dates of Employment	Employer	Email	Phone
_____	_____	_____	_____

Qualifications:

Although it is not necessary for employment by Trinity Woods, please describe any previous experience you have had in working with children (please be sure to mention any other camp experiences):

Other Information:

Dates available: From: _____ To: _____ Daytime hours you are available? _____
Below list any dates you would not be able to work during this summer (scheduled vacations, summer classes, etc.)

Preferred Age Group- Youngest (ages 5-7), Middle (ages 8-10), Oldest (11-13)

1st Choice _____ 2nd Choice _____ Why? _____

Do you play any musical instruments? _____ Yes _____ No If yes, which ones? _____

Do you have any impairment that might limit or affect your performance of any and all camp activities? _____
If yes, please describe: _____

Do you have reliable transportation? _____ Yes _____ No

Have you ever been arrested or convicted of a felony or a misdemeanor? _____ Yes _____ No

Have you ever been convicted of child abuse or sexual abuse? _____ Yes _____ No

Do you give permission for Trinity Woods to do a complete background check? _____ Yes _____ No

Certifications:

Please give expiration dates for any of the following certifications that you may have.

First Aid _____ CPR _____ Medical _____ Other _____

Is there anything else we might need or like to know about you or your family or your situation that may be helpful?

References:

Give names, addresses, and phone numbers of three persons (not relatives and not fellow students) who have knowledge of your character, experience, dependability, and ability.

Reference 1:

Name	Title	Years Known	Relationship
Organization	Your Job Title	Phone	Email

Reference 2:

Name	Title	Years Known	Relationship
Organization	Your Job Title	Phone	Email

Reference 3:

Name	Title	Years Known	Relationship
Organization	Your Job Title	Phone	Email

Your signature below verifies that you have completed this application form and that all information is true to the best of your knowledge. If employed, any false statements on this form are grounds for dismissal.

I give permission to contact any previous employer and/or reference and/or school for any information about me relative to my possible employment with Trinity Woods Day Camp.

Applicant's Signature _____ Date _____

Please email a scanned completed form to campdirector@trinitywoods.org