



Dear Applicant,

Thank you for your interest in a staff position at Sertoma Camp Endeavor 2016. Enclosed is a staff application for you to complete and sign. The deadline for applications is **April 30, 2016**. To be considered for a position, the completed application must be submitted on time with photocopies of all requested documents to me at SertomaCampDirector@gmail.com or you may send to me at the following address:

Ray Giustiniani, Jr.
Camp Director
102 Gentian Road
St. Augustine, FL 32086

The requirements for working at Sertoma Camp Endeavor are as follows:

- Minimum of 18 years of age, preferably 21 years or older.
- A high school or college graduate. (CITs may still be in high school but must be at least 18 years old)
- Ability to communicate effectively in American Sign Language.
- Experience working with Deaf and Hard of Hearing children ages 7-17.
- Good health for job performance and must have own personal health insurance.
- Ability to fulfill the duties and responsibilities of a given position.
- CPR/First Aid certification is a condition of employment for all paid camp positions. A copy of the certification card must be submitted prior to the start of camp.

All paid staff and selected must be available to work full contract dates beginning at 11:00 am on Thursday, July 7th to Sunday, July 17th ending at 5:00 pm. Volunteers may have flexible work schedules based on their availability.

Completed applications and documents will be reviewed and qualified candidates contacted. Applicants will be notified by email if they are selected or not. If you require further information or have questions regarding Sertoma Camp Endeavor, feel free to contact me at the email address given above.

Sincerely,
Ray Giustiniani, Jr.
Camp Director



Sertoma Camp Endeavor, Inc.
A Non-Profit Program for the Deaf and Hard of Hearing
2016 STAFF APPLICATION

PERSONAL INFORMATION	
Date: _____	SSN#: _____ Gender: <input type="checkbox"/> female <input type="checkbox"/> male
Name: _____	Date of Birth: _____
Address: _____	
City/State/Zip: _____	
Phone/Day: (_____) _____	<input type="checkbox"/> voice <input type="checkbox"/> VP <input type="checkbox"/> text
Phone/Evening: (_____) _____	<input type="checkbox"/> voice <input type="checkbox"/> VP <input type="checkbox"/> text
*Email Address: _____	
Adult T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large	

STAFF POSITIONS: Indicate desired position as '1' and any alternate choices you may have as '2' and '3'. All positions include housing, board, use of laundry facilities, and workman's compensation.					
	Cabin Counselor		Lifeguard		Art Instructor
	Outdoor Instructor		Discovery Instructor		Certified Interpreter
	Kitchen Crew		Medical Staff Volunteer		Camp Nurse or Paramedic
	Videographer/ Photographer		Camp Volunteer		C.I.T. (Counselor in Training)
To be considered for any paid position, you must be available to work from Thursday, July 7 th beginning at 11:00 am until Sunday, July 17 th ending at 5:00 pm.					
Are you able to meet this requirement for a pay contract? <input type="checkbox"/> yes <input type="checkbox"/> no					
If no, you may only be considered for a position on volunteer basis, which offers flexible dates.					

EMPLOYMENT HISTORY					
Position	Employer	City, State	Phone	Dates	Reason for Leaving
Indicate any employer you do not want us to contact and the reason:					

EDUCATIONAL HISTORY		
School/College	Dates	Degree/Diploma

EXPERIENCES IN CAMP and/or RECREATION PROGRAMS				
Camp Name	City/State	Phone	Position	Dates

REFERENCES: List three people who can vouch for your character and abilities.			
Name	Position	Address/Zip	Phone

COMMUNICATION SKILLS	
<p>Sertoma Camp Endeavor, Inc. is a privately supported non-profit program for the Deaf and Hard of Hearing. An ability to communicate with deaf and hard of hearing participants is essential.</p> <p>What is your fluency level in Sign Language? <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Superior <input type="checkbox"/> Native User</p> <p>Comment:</p>	
<p>Have you taken Sign Language courses or deaf-related courses? If yes, list course names:</p>	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>Are you fluent in any other communication modes? If yes, please list:</p>	<input type="checkbox"/> yes <input type="checkbox"/> no

SKILLS: In the following list, put a '1' beside activities you can organize and teach; '2' beside those you can assist in teaching; '3' beside those which are just hobbies or interests; Leave blank if no experience					
OUTDOOR ADVENTURE		WATERFRONT		MOVEMENT/DRAMA	
	Ropes Course		Swimming		Dance
	Discovery Initiatives		Canoeing		Skits
	Orienteering		Kayaking		Tumbling
	Tent Camping		Water Safety		Yoga
	Campfire Cooking		Beach Games		Martial Arts
	Other:		Other:		Other:
ARTS/CRAFTS		SPORTS/GAMES		OTHER SKILLS	
	Tie-dye		Archery		ASL Storytelling
	Painting		Fishing		Carpentry
	Sketching		Sand Volleyball		Videography
	Macrame		Softball		Microsoft Word
	Jewelry		Frisbee Golf		iMovie Application
	Nature Crafts		Dodge Ball		Photography
	Other:		Other:		Other:

CERTIFICATIONS/LICENSES: Indicate whether or not you possess any of the following certifications/licenses that would be beneficial to camp. Only certain staff positions require the specific certifications listed below.	
Do you have a valid driver's license? *If yes, submit a copy of your license with this application	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have First Aid certification? *If yes, submit a copy of your card with this application	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have Cardiopulmonary Resuscitation (CPR) certification? *If yes, submit a copy of your card with this application	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have Lifeguard certification? *If yes, submit a copy of certification with this application	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have Sign Language Interpreting certification or experience? Comment:	<input type="checkbox"/> yes <input type="checkbox"/> no
If you have any other types of certifications and/or licenses that may benefit our camp program, (such as food preparation/safety; boating/water safety; archery safety; PE certification; teacher certification in DHH, etc), please list:	

OTHER SKILLS: Are there any interests or hobbies that you have (not mentioned above) that you can demonstrate or share with campers?

INSURANCE INFORMATION

Are you covered by family medical/hospital insurance? yes no
If yes, indicate carrier or plan name _____ Group number _____
Name of insured _____
Relationship to applicant _____
***Please submit a copy of proof of insurance (required)**

HEALTH HISTORY

Do you have any existing medical conditions?
If yes, please explain.

Do you have any environmental or food allergies?
If yes, please explain.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event that the emergency contacts listed cannot be reached in an emergency, I hereby give permission for the camp medical director to secure and administer necessary treatment, including hospitalization, for me. The medical director may release any records necessary for insurance purposes.

SIGNATURE: _____ DATE: _____

EMERGENCY CONTACTS

Name of 1st Emergency Contact: _____
Phone/Day: (_____) _____ - _____ voice VP text
Phone/Evening: : (_____) _____ - _____ voice VP text
Relationship to applicant: _____

Name of 1st Emergency Contact: _____
Phone/Day: (_____) _____ - _____ voice VP text
Phone/Evening: : (_____) _____ - _____ voice VP text
Relationship to applicant: _____

PRESCRIPTION MEDICATIONS: For the safety and protection of everyone, the medical director is required to hold all prescription medications in locked storage during the camping program.

Do you have any prescribed medications you will take at camp? yes no
If yes, please list the names of any and all medicines you will bring:



CONSENT FOR BACKGROUND CHECK

I, _____, authorize Sertoma Camp Endeavor, Inc. to conduct a background check on any and all records pertaining to criminal history, driver's license history, the abuse registry and delinquency reports pursuant to Section 39.001, 39.076, and Chapter 435, Florida Statutes. I also authorize investigation of all statements (required by the State of Florida Statutes) herein and release Sertoma Camp Endeavor Inc. and all others from liability in connection with same. In addition, I have never been convicted of any felony charges, child abuse, or unlawful sexual offense and I have never been charged with the commission of an act of child abuse or unlawful sexual offense. I have also never been convicted of illegal use, possession, sale, manufacture, or distribution, of drugs, alcohol or other controlled substances. 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 Sertoma Camp Endeavor, Inc. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by Sertoma Camp Endeavor, Inc.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

All statements become part of any future employee personnel files.
 This form has been drafted to comply with federal and state employment laws; however, Sertoma Camp Endeavor, Inc. assumed no responsibility or liability for the use of this form.

STAFF CODE OF CONDUCT

I understand that the following are prohibited at Sertoma Camp Endeavor: alcohol, illegal drugs, discriminatory comments, violence, sexual misconduct, and inappropriate clothing and jewelry. Smoking or tobacco use is not permitted while on duty. I understand that staff members are responsible for their conduct at all times and must comply with safety regulations, environmental protection policies, and employee standards of Sertoma Camp Endeavor. I understand that any violations of the above may be subject to discharge, and depending on the severity of the violation, may be reported to law enforcement.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____