

**EMPLOYMENT APPLICATION FOR CAMP SAINT JOHN**  
**Weekly Sessions begin June 28<sup>th</sup> through August 6<sup>th</sup> 2010**

Please complete and return by **May 1<sup>st</sup> 2010**

Camp Saint John  
LeeAnn Peterson  
378 Main Street  
Shrewsbury, MA 01545

**\*\*\*Please be advised that your employment is contingent upon sufficient enrollment\*\*\***

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade in School Next September: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School you will be attending next September: \_\_\_\_\_

Were you a Camp Saint John's camper? \_\_\_\_\_

How many years did you attend? \_\_\_\_\_

Will any of your brothers and or sisters be attending Camp Saint John's this summer? \_\_\_\_\_

What kind of experience have you had working with children? \_\_\_\_\_

How many years of experience do you have working as a staff member at Camp Saint John's? \_\_\_\_\_

**If you answered none, please obtain 2 references from non-family members and submit with your application.**

Have you been trained in Red Cross Certified First Aid Skills? \_\_\_\_\_

If certified in Red Cross lifesaving skills, please list highest earned Red Cross Water Skill Safety Card: \_\_\_\_\_

**CIRCLE THE POSITION YOU ARE APPLYING FOR**

Counselor (must be at least 15 years old)

Swim Instructor (Must be certified to apply) / Certification Number: \_\_\_\_\_

If accepted for a position at Camp St. John, will you be available for the full six weeks from 8:00 a.m. – 4:00 p.m. each day?  
Yes \_\_\_ If no, list dates and times that you will be unavailable \_\_\_\_\_

**ANY TIME OFF MUST BE APPROVED BY THE CAMP DIRECTOR AT THE TIME YOU SIGN YOUR CONTRACT.**