

Eagle's Nest Camp SUPPORT STAFF APPLICATION

Name:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date:
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CURRENT ADDRESS	PERMANENT ADDRESS
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Street / PO Box:		Street / PO Box:	
City:		City:	
State:	Zip:	State:	Zip:
Home Phone:		Home Phone :	
Cell Phone:		E-mail:	

Social Security Number:

Date of Birth:	Dates Available:
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NOTE: All-Staff Orientation begins June 2. Camp runs June 11-August 14. With few exceptions, staff are required to attend staff orientation and work all summer. Nurses and health care staff are not required to attend orientation or work the entire summer. Please consult the website for dates of additional pre-camp training clinics for kitchen staff.

Driver's License State, Number, and Class:

How did you learn about Eagle's Nest Camp?

EDUCATION			
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Schools, Programs, and Colleges Attended	Major Subjects	Degree or current status	Years

EMPLOYMENT EXPERIENCE	
List most recent experience first	

Employer:	Email (preferred):
Supervisor:	Phone:
Address:	Dates:
Position held:	

Employer:	Email (preferred):
Supervisor:	Phone:
Address:	Dates:
Position held:	

Employer:	Email (preferred):
Supervisor:	Phone:
Address:	Dates:
Position held:	

OTHER RELEVANT EXPERIENCE

PERSONAL REFERENCES

(At *LEAST* one of these must be a professional reference. No relatives, please)

Name:	Email (preferred):
Relationship to applicant:	Phone:
Name:	Email (preferred):
Relationship to applicant:	Phone:

MEDICAL AND OTHER CERTIFICATIONS

Adult/Child CPR and (at least) First Aid are mandatory for employees. If you do not have these certifications, please indicate when you plan to obtain them. Copies of certifications must be sent to the office prior to starting work.

	Check the appropriate boxes	Expires
	First Aid	
	CPR (Adult/Child/Infant)	
	Wilderness First Aid	
	Wilderness Advanced First Aid	
	Wilderness First Responder	
	Wilderness EMT	
	EMT	
	RN (State of license:)	
	PA	
	LPN	

	Check the appropriate boxes	Expires
	Lifeguard	
	Water Safety Instructor	
Other: (ACA, AMGA, SWR, etc.)		

Please indicate your preference for Support Staff Positions in the boxes below.

KITCHEN		OTHER SUPPORT STAFF POSITIONS	
<input type="checkbox"/>	Whole Foods Cooking	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Baking	<input type="checkbox"/>	Laundry
<input type="checkbox"/>	Food Service Management	<input type="checkbox"/>	Camp Store Manager
<input type="checkbox"/>	Diet and Nutrition	<input type="checkbox"/>	Logistics Coordinator/ Gear Maintenance
<input type="checkbox"/>	Food Preparation		
CAMP MEDICAL STAFF		ADMINISTRATIVE WORK	
<input type="checkbox"/>	Physician	<input type="checkbox"/>	Computer Skills
<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Administrative Assistant
<input type="checkbox"/>	Other Medical Professional	<input type="checkbox"/>	Accounting

ADDITIONAL INFORMATION

Please respond to the following questions on a separate page:

- Why would you like to be a staff member at Eagle's Nest?
- What do you expect to give to and gain from camp, and how do you plan to do this?
- What do you think are the top two responsibilities of a camp staff member?
- Why do you enjoy working in an environment with children? What experience do you have in such environments thus far?
- What extracurricular and volunteer activities are you (or have you been) regularly involved in that will help you in your role at Eagle's Nest?
- Please detail your personal experience in the areas of interest as listed in the above section.

<p>Have you EVER been convicted of a traffic or moving violation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state the nature and date of the violation:</p>	<p>Have you EVER been charged with or convicted of a criminal offense or violation?</p> <p>(Please note that charges often do appear on background checks even when they have been dismissed.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state the nature and date of the violation:</p>

<p>If you are not hired by Eagle's Nest, is it okay to share your application with other organizations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>I am enclosing a recent photograph of myself (recommended to personalize your application)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>T Shirt Size (for staff T-shirt Order):</p>
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I understand and agree to uphold the policies of Eagle's Nest Foundation (ENF) as outlined in the employment policies for Eagle's Nest Camp. If hired, I will return my signed Employee Policies for Eagle's Nest Camp with my signed contract. I agree that before I arrive, I will have a physical exam by a physician and submit an Eagle's Nest Foundation medical form including immunization records. I authorize ENF or authorized representatives of ENF to obtain and release any information pertaining to my background for employment purposes. I hereby fully release and discharge my prospective employer from all claims and damages arising out of or relating to any investigation of my background for said purposes. Eagle's Nest Foundation and Morrow Insurance have permission to request a copy of my driving record. I give my permission for the above references and former employers to provide references. I waive my right to see these recommendations.

Signed:	Date:
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Eagle's Nest Foundation is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, sex, age, disabling condition or sexual orientation.

Eagle's Nest Camp • Pisgah Forest • NC
 Phone: 828-877-4349 • Fax: 828-884-2788

Please send your application and a personal photo as attachments via email to
campprogram@enf.org

Please direct any questions to our Winston-Salem office:

Eagle's Nest Camp
 PO Box 5127
 Winston-Salem, NC 27113

336-761-1040 (phone)
 336-727-0030 (fax)

FOR EAGLE'S NEST USE ONLY					
	Application Received:		Name	Date Sent	Rec'vd
	Interview (date and time set):	Reference 1:			
	Background Check	Reference 2:			
	Contacted Applicant:	Reference 3:			
Notes:		Reference 4:			