**MOSSREHAB’S CAMP INDEPENDENCE 2023**

**Staff Application**

**Saturday August 12th - Saturday, August 19th**

**Please note all staff August 12, 2023, through August 19, 2023, will need to provide proof of being fully COVID-19 vaccinated no later July 29, 2023 (exemption for medical or religious exemption request will be reviewed.)**

**Date of Application** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home # \_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you at least 18 years of age?** \_\_\_\_ Yes \_\_\_\_ No

**Permanent Address (if different from above)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education-Please indicate:** School/Major/Degree Earned/ Years Attended

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**Past Employment-Please indicate:** Position/Start and End Dates/Employer Name/Address/Phone Number/Supervisor Name.

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**Camp Experience-Please indicate:** Position/Start and End Dates/Camp Name/Address/Phone Number/Camp Director or Supervisor Name

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**References-Please indicate:** Full Name/Address/ Phone Number **(**list 3 individuals that are not related to you-that have knowledge of your character, experience, and/or or ability)

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**Additional Training, Courses or Experience** (Please list any other information regarding experience, training, and/or work that involved individuals with disabilities and/or organized camps)

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**Have you ever been convicted of a crime?** \_\_\_\_\_ Yes \_\_\_\_\_\_ No

**If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you know American Sign Language?** Yes \_\_\_\_\_ No \_\_\_\_\_ Some \_\_\_\_\_

**Certificates/Training** (CPR, First Aid, etc. include dates of training and expiration dates)

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**Recreational Skills and Interests** (Please indicate the specific skill level which you would able to organize, lead, and/or assist with a given activity during camp.)

**Indicate Your Skill Level: A- No Skill B- Assist C- Take Total Charge**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **A** | **B** | **C** | **Comments** |
| **Arts & Crafts** |  |  |  |  |
| **Basketball** |  |  |  |  |
| **Golf** |  |  |  |  |
| **Baseball** |  |  |  |  |
| **Volleyball** |  |  |  |  |
| **Music** |  |  |  |  |
| **Nature Hikes** |  |  |  |  |
| **Gardening** |  |  |  |  |
| **Swimming** |  |  |  |  |
| **Archery** |  |  |  |  |
| **Dancing** |  |  |  |  |
| **Fishing** |  |  |  |  |
| **Talent Show** |  |  |  |  |

**What is your motivation for working at MossRehab’s Camp Independence?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What contributions do you think you can make at MossRehab’s Camp Independence?**

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**Are you available for an interview?** ­­­­**\_\_\_\_\_Yes \_\_\_\_\_ No­­** **If yes, when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about MossRehab’s Camp Independence?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate any other information that might have a bearing on this application and the position for which you are applying:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_\_\_Check if you need credit for High School or University Community Service.**

**\_\_\_\_\_\_Check if you would need transportation to Camp Independence.**

I authorize investigations of all statements herein and release the Camp Independence and all others from liability in connection with same. All statements become part of any future employee personnel files. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing by the Director of MossRehab’s Camp Independence. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the Director of MossRehab’s Camp Independence.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please mail your completed application to:**

Jack Miller

Director of MossRehab’s Camp Independence

1120 Walters Road

Pennsburg, P.A. 18073

**OR**

**Please email your completed application to Jack Miller:** [**jack.miller@jefferson.edu**](mailto:jack.miller@jefferson.edu)

(\*\*Indicate your name and CI-2023 Employment Applicant in subject line.)

**Interviewer’s Comments: (official use only)**

**Arrange Interview** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Remarks**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Interviewer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employed** \_\_\_\_\_Yes \_\_\_\_\_\_No **Date Employment Offered** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Stipend Amount** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*All applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or disability.*

*MossRehab/Camp Independence is an Equal Opportunity Employer.*