

Camp Westminster

6855 SW 152 St Miami FL 33157
Office (786) 464-8555 Fax (305) 238-2259

Staff Employment Application

In order to safeguard the well-being of the youth served, Camp Westminster will investigate the accuracy of the data provided in the application process for all applicants before appointment to the camp staff can be made. This investigation will include, but is not limited to, reference checks with past employers, educational institutions, volunteer organizations, civic groups, and law enforcement agencies.

POSITION APPLIED FOR: _____ **Paid Position:** _____
Volunteer: _____

Date of Birth: _____ **Dates available this summer** _____
(ex. All summer, June 8 – Aug.3)

PERSONAL:

Name _____ Cell _____

Address _____

City _____ State _____ Zip _____

E-mail Address: _____ U.S.Citizen? _____

If NOT a US Citizen, authorization to work MUST be attached to this application.

How were you referred to Camp Westminster? _____

What qualities do you possess that would be an asset to this camp program?

EDUCATION:

Current School Name and /Current Grade: _____

High School _____

College or University _____

Graduate School/Other _____

Professional Societies, Associations, Awards, Publications: _____

Is there any physical condition that may limit your ability to perform the work you have applied for?

WORK AND VOLUNTEER EXPERIENCE: (List most recent experience first)

1. Company Name: _____ Title: _____

Company Address: _____ Phone: _____

Employment Dates: _____ to _____ Salary: _____

Supervisor's Name: _____ Supervisor's Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

2. Company Name: _____ Title: _____

Company Address: _____ Phone: _____

Employment Dates: _____ to _____ Salary: _____

Supervisor's Name: _____ Supervisor's Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

3. Company Name: _____ Title: _____

Company Address: _____ Phone: _____

Employment Dates: _____ to _____ Salary: _____

Supervisor's Name: _____ Supervisor's Title: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

For applicants with limited or no previous work history, use the space below to describe school, camp, and babysitting experiences which would help you to be successful working at Camp Westminster.

AUTHORIZATION:

I, _____, certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize Camp Westminster to receive information from any law enforcement agency, including police and sheriff's departments, of this state or any other state or federal government, to the extent permitted by the state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee/volunteer

Signed: _____ Date: _____
(Signature of Applicant)

Signed _____ Date: _____
(Signature of authorized camp representative)

Please return this application by doing one of the following:

-Mail it to Camp Westminster 6855 SW 152 ST, Miami FL 33157

-E-mail it to: camp@wscsmiami.org

-Fax it to: 305-238-2259

If you have any questions please e-mail or call us at:

camp@wscsmiami.org or 786-464-8555