STAFF APPLICATION

SEACAMP ASSOCIATION, INC.
1300 BIG PINE AVENUE
BIG PINE KEY, FL 33043
Phone: 305-872-2331 Fax: 305-872-2555
Email: info@seacamp.org
www.seacamp.org www.nhmi.org

(Optional) Please attach a photo here

Please type or print legibly in ink

PERSONAL INFORMATION

Name: _____ Date: _____

Current Mailing Address: _____ Current Phone: _____
Address

_____ Cell Phone: _____
City State Zip Code

Permanent Mailing Address: _____ Email: _____
Address

_____ Permanent Phone: _____
City State Zip Code

Marital Status: _____ # Children: ___ Must family accompany you to camp? _____ Social Security: _____

Available From: _____ To: _____ Date of Birth: _____

School is over (if applicable): _____ and begins on (if applicable): _____ Age: _____

How did you hear about this job? _____ Gender: _____

EDUCATION

COLLEGE	MAJOR SUBJECTS	DATES ATTENDED	DEGREE AWARDED

PERSONAL REFERENCES

List at least 3 persons, NOT RELATED TO YOU OR LISTED AS PREVIOUS SUPERVISORS ON THE NEXT PAGE, who have a definite knowledge of your qualifications for the position(s) for which you are applying. Enter the names of former employers, teachers, and/or co-workers. If additional space is required, please list on a separate sheet of paper and attach to this application.

1. Name: _____ Position: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Email: _____

2. Name: _____ Position: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Email: _____

3. Name: _____ Position: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Email: _____

Applicants Name _____

List all previous years' work experience. Include any supervisory positions, such as dorm/resident assistant, etc. Use additional sheets if necessary. Seacamp will email a verification form to your employer(s) to complete.

EMPLOYMENT HISTORY AND VERIFICATION

Company Name: _____Employment Supervisor:_____

Address: _____
Street City State Zip

Employer Email:_____ Phone #:_____ Fax #:_____

Employment Dates: From:_____ To:_____ Position:_____

Nature of Work:_____

In this position, did you perform safety-sensitive duties that required DOT or USCG drug and alcohol testing? _____

I authorize the above named employer to furnish you with the information requested.

Applicant's Signature:_____ Applicant (Print): _____

EMPLOYMENT HISTORY AND VERIFICATION

Company Name: _____Employment Supervisor:_____

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I authorize the above named employer to furnish you with the information requested.

Applicant's Signature:_____ Applicant (Print): _____

Applicants Name _____

PREVIOUS CAMP EXPERIENCE (Please indicate if you were a camper or a staff member)

CAMP NAME	DIRECTOR	ADDRESS	ROLE AT CAMP AND YEARS ATTENDED

POSITION DESIRED

After reviewing the Employment Opportunities, what position(s) are you applying for?

1. **Full Time Positions**

   ☐ **A) Science Instructor**
   (Marine Science/Biology or related degree required and 1 year teaching experience and SCUBA certification preferred)

   B) Leadership Positions

   ☐ Program Specialist
   ☐ Daycamp Program Director
   ☐ SCUBA Program Director
   ☐ Science Program Director
   ☐ Intern Coordinator
   ☐ Waterfront Director
   ☐ Head Unit Leader
   ☐ Assistant Director of Operations

2. **Seasonal Positions**

   A.) Fall/Spring

   ☐ Science Intern

   B.) Summer (Many of these positions may meet Recreation and Education Internships)

   ☐ Residential Cabin Counselor (campers aged 12-17)
   ☐ Daycamp Counselor (campers aged 10-13)
   ☐ Unit Leader (Supervisory)

   In each of the above positions you will be expected to work in one or more of the following program areas. Indicate your interests below by ranking which areas you prefer.
   (1= your first choice)

   ____Science Assistant
   ____Scuba Assistant
   ____Sailing Instructor
   ____Sailing Assistant
   ____Windsurfing Instructor
   ____Windsurfing Assistant
   ____Camp Newspaper Instructor
   ____Arts & Crafts Instructor
   ____Swim Instructor
   ____Lifeguard Instructor
   ____First Aid/CPR Instructor
   ____Music/Drama Instructor
   ____Fishing Instructor
   ____Fishing Assistant

   ☐ SCUBA Instructor
   (Instructor Certification Required)

   ☐ Arts and Crafts Coordinator
   ☐ Photographer/Photo Instructor

   Health Services (Indicate Level)

   ☐ LPN
   ☐ MD
   ☐ EMT
   ☐ RN
   ☐ Graduate Nurse
   ☐ Paramedic

   C.) Spring/Summer/Fall - Support Services

   ☐ Maintenance
   ☐ Housekeeping
   ☐ Office

OTHER QUALIFICATIONS

Please specify any foreign languages you speak, read, or write and indicate degree of fluency (limited, good, or fluent).

LANGUAGE	SPEAK	READ	FLUENT

Are you ESL Certified? Yes ☐ No ☐

Please check the skills you may have in the following areas.

OFFICE	MAINTENANCE		FOOD SERVICE
Bookkeeping _____	Auto Mechanics _____	Painting _____	Head Cook _____
Typing (wpm) _____	Outboard Repair _____	Plumbing _____	Asst. Cook _____
Computer: Word _____	Scuba Equipment _____	Electric _____	Baker _____
Excel: _____ Publisher: _____	Landscaping _____	Carpentry _____	General Help _____
	Construction _____	Other _____	Dishwasher _____

Applicants Name _____

SPECIAL INTERESTS AND ABILITIES

In the following list, put a numeral "1" before those activities you can organize and teach as an expert; "2" for those activities in which you can assist in teaching; and "3" for those activities which are just a hobby.

Science/Nature
____ Animal Behavior
____ Astronomy
____ Biological Oceanography
____ Biological Illustration
____ Coral Reef Ecology
____ Environmental Science
____ Field Biology
____ Fishing
____ Herpetology
____ Ichthyology
____ Entomology
____ Marine Mammals
____ Marine Ecology
____ Marine Invertebrates
____ Malacology
____ Ornithology
____ Phycology
____ Physical Science
____ Oceanography
____ Reef Fish Identification
____ Research Techniques
____ Saltwater Aquaria
____ Shark Biology

Waterfront
____ Windsurfing
____ Canoeing
____ Kayaking
____ Navigation
____ Outboards
____ Sailing
____ Scuba
____ Seamanship
____ Skin Diving
____ Swimming
____ Synchronized Swimming
____ Water Ballet
____ Water Polo

Photography
____ B&W Developing
____ Color Slide
____ Slide Presentation
____ Underwater
____ Digital

Dancing
____ Ballet
____ Folk
____ Line
____ Modern
____ Social
____ Square
____ Swing
____ Tap
____ Other
_____

Dramatics
____ Clowning
____ Creative
____ Magic
____ Mime
____ Play Directing
____ Skits & Stunts
____ Stagecraft
____ Storytelling

Music
____ Lead Singing
____ D.J.
____ Instruments (Please List)

Miscellaneous
____ Campfire Program
____ Camp Newspaper
____ Carpentry
____ Electronics
____ Evening Program
____ Group Dynamics
____ Ham Radio
____ Worship Service

Sports
____ Basketball
____ Bicycle
____ Frisbee
____ Informal Games
____ Jogging
____ Judo/Karate
____ Ping Pong
____ Soccer
____ Softball
____ Volleyball
____ Yoga

Arts & Crafts
____ Basketry
____ Batik
____ Candlemaking
____ Ceramics
____ Drawing
____ Jewelry
____ Macrame
____ Metal Work
____ Nature Crafts
____ Painting
____ Papier-Mache
____ Puppetry
____ Sculpture
____ Silkscreen
____ Sketching
____ Stained Glass
____ Weaving
____ Wood Carving
____ Woodworking

Outdoor Living
____ Fire building
____ Hiking
____ Orienteering
____ Outdoor Cooking Overnight

CERTIFICATIONS

Specify which of the following CERTIFICATIONS you currently hold, the CERTIFIYING AGENCY (ARC, NAUI, YMCA, etc.) and the certification EXPIRATION DATE. PLEASE SEND a copy of your cards with the application.

CERTIFICATION LEVEL/AGENCY		EXP.DATE
_____	Lifeguard Certification	_____
_____	Lifeguard Instructor	_____
_____	Water Safety Instructor	_____
_____	First Aid Standard	_____
_____	First Aid Instructor	_____
_____	CPR/AED/ PR	_____
_____	CPR/AED/PR Instructor	_____

CERTIFICATION LEVEL/AGENCY		EXP. DATE
_____	Sailing Certified	_____
_____	Sailing Instructor	_____
_____	Canoe/Kayak Certified	_____
_____	Canoe/Kayak Instructor	_____
_____	Windsurfing Certified	_____
_____	Windsurfing Instructor	_____

USCG CAPTAIN'S LICENSE Do you have a valid USCG Captain's license? _____
Level of Credentials _____ Expiration Date _____

DRIVER'S LICENSE Do you have a valid driver's license _____
State: _____ Number: _____ Type: _____

OTHER

Do you have any impairments, physical or mental, which would interfere with your ability to perform the job for which you have applied?
_____ If so, what?_____
Have you any criminal conviction for child abuse or sex related crimes? _____ If yes, explain:_____
Have you been convicted of a felony? _____ If yes, explain. _____

Applicants Name _____

SKIN/SCUBA DIVING EXPERIENCE PROFILE

NOTE: Participants snorkel year round, and SCUBA diving is offered during the summer.

A. SKIN DIVING/SNORKELING: Briefly explain your prior experience.

_____

_____

B. SCUBA TRAINING BACKGROUND: Please indicate date certified and organization name. Include copies of certifications with application.

LEVEL	DATE	ORGANIZATION	SPECIALTY COURSE (Please List)
Basic	_____	_____	_____
Advanced	_____	_____	_____
Master Diver	_____	_____	_____
Rescue Diver	_____	_____	_____
Skin Diving Instructor	_____	_____	_____
Assistant Instructor	_____	_____	_____
Divemaster	_____	_____	_____
SCUBA Instructor	_____	_____	_____

C. TIME/EXPERIENCE:

Date of last dive_____ Approximate number of dives made per year_____

Total number of dives_____ Total number of underwater hours logged_____

Total number of dives logged_____ Can proof of experience be verified by a dive log?_____

D. DIVING PROFILE: **Remember log books must be brought to camp.**

Ocean_____ Deep _____ Lake _____

Boat_____ Night_____ Specialty _____

Beach_____

E. CONTINUING EDUCATION: List other SCUBA and SCUBA-related activities. Include dates.

	DATE	CERTIFYING ORGANIZATION
Workshops	_____	_____
Conferences	_____	_____
Instructor Trainer	_____	_____
Other	_____	_____

F. PROFESSIONAL RELATED EXPERIENCE AND/OR TRAINING:

Equipment Maintenance: _____

Compressor Operation: _____

Marine Science Background: _____

G. SCUBA INSTRUCTOR BACKGROUND (SCUBA Instructors Only): Please include teaching experience beginning with the most recent classes first. Include type and site of class, type of certification given and teaching environment (i.e. pool, lake, ocean, etc.) _____

_____

_____

_____

_____

ATTENTION

Seacamp **requires** staff with a history of asthma, allergies or other respiratory problems that require treatment by medication to provide proof of a recent (within six months of your first day of employment at Seacamp) **Pulmonary Function Stress Test** to rule out a reactive airway obstruction or bronchial spasm. Staff with a history of these problems will **not** be allowed to participate in any Seacamp SCUBA program without providing proof of this test upon arrival. Seacamp will not schedule or fund this appointment. NAUI has a list of contraindications to SCUBA diving. This list is found on the NAUI website at www.nauiww.org/faq.php#040. Any staff member with a NAUI Absolute contraindication will not be allowed to participate in Seacamp's skin diving or SCUBA diving program. **Initials:**_____

Applicants Name _____

SENTENCE COMPLETION FORM

Complete these sentences, your first thoughts are most important. Be sure to make a short but complete sentence. Complete every item. Work as rapidly as you can. Please do not labor over your replies. Thank you.

People _____

Camp counselors _____

Most camp children _____

At camp I feel _____

The campers' parents _____

I can't _____

I am very _____

The most important thing for me at camp is _____

The happiest time _____

The oldest campers _____

My nerves _____

A counselor should _____

Disobedient campers _____

I secretly _____

The main purpose of camp is _____

I am confident that _____

Camp directors _____

My main trouble at camp is _____

I need _____

My mind _____

Punishing campers _____

What I like best about camp _____

When I play with children _____

I like counselors who _____

Children who trouble me most _____

I hope this camp _____

As a counselor, I want _____

What annoys me at camp _____

Camp supervisors _____

Children get on my nerves when _____

My fellow counselors _____

Campers are best when _____

My greatest worry about camp _____

The youngest campers _____

Camp regulations _____

Applicants Name _____

Please answer the following questions to help us get to know you better

(Use additional pages if necessary)

1. Briefly explain why you are interested in working in environmental education and camping.

2. Describe your previous experience teaching and working with young people.

3. What do you consider your main qualifications for the position for which you are applying?

4. What contributions do you think you can make at camp?

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application packet for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application packet or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of SEACAMP ASSOCIATION, INC.

Signature of Applicant _____ Date _____

All statements become part of any future employee personnel files. Seacamp Association, Inc. is an equal opportunity employer.