

GIRL SCOUTS OF MIDDLE TENNESSEE

SUMMER CAMP VAQUERAS AND KITCHEN AIDE APPLICATION

Girl Scouts of Middle Tennessee is an equal opportunity employer. All applicants for employment will be considered without regard to race, religion, color, gender, age, national origin, citizenship, disability, or other status protected by applicable law.

INSTRUCTIONS:

- Answer all questions. Write legibly with black or blue ink. Feel free to use additional paper.
- Incomplete applications will not be considered.
- Return to: **Girl Scouts of Middle Tennessee, attn: Camp Director, 4522 Granny White Pike, Nashville, TN 37204** or you may fax your application to **(615) 460-0218** or email to **cdirector@gsmidtn.org**.

Application date: _____

Name: _____

Social security number: _____ - _____ - _____

Address: _____

City

State

Zip

Phone: (____) _____ Cell phone: (____) _____

Email: _____

Are you over fourteen (14) years of age? (please circle one) Yes No

Are you legally authorized to work in the United States? (please circle one) Yes No

Dates you are requesting to work:

1st choice _____

2nd choice _____

3rd Choice _____

4th Choice _____

POSITION(S) DESIRED:

Can you perform the essential functions of the job without accommodations? Yes No

Please indicate which position you are applying: _____ Summer Camp Vaquera _____ Kitchen Aide

HOW DID YOU HEAR ABOUT THE POSITION?

email _____ flyer _____ troop leader _____ camp employee _____

Friend _____ website _____ other _____

Education

High School: _____

High School City & State: _____

Grade Completed: _____ Degree Earned _____

TRAINING (Please list the trainings you have attended.)

TRAINING

TRAINING DATE

_____	_____
_____	_____
_____	_____

EMPLOYMENT / VOLUNTEER HISTORY

(list most recent first; use separate paper to include up to 5 years of work history.)

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Position/Major responsibilities: _____

Reason for leaving: _____

Supervisor Name: _____ Dates Employed _____ to _____

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Position/Major responsibilities: _____

Reason for leaving: _____

Supervisor Name: _____ Dates Employed _____ to _____

EXPERIENCE AS A CAMPER OR CAMP STAFF MEMBER (list most recent first)

Camp Name	Location	Year	Sponsoring Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please answer the following questions giving careful consideration to each. Attach a separate sheet if necessary.

1. What main contributions do you think you can make to camp? _____

2. Describe any leadership position or experience you've had. _____

3. What particular strength will you bring to the position? _____

4. What do you hope to gain from the experience? _____

FOR YOUR INFORMATION

Working at camp can be an extremely rewarding job. Many staff members return year after year to create special memories and make lasting impressions. We feel that it is our obligation to share the following information with you during the application process so that you can make an informed decision about working for our camp programs.

Please review this information carefully and initial each section before submitting your application:

_____ **Physical examination required** - Physical exams, conducted by a license health professional or nurse practitioner, are required for all candidates after receiving a conditional job offer but prior to beginning work. Results of the physical will be kept confidential, only the Health Care Supervisor and Camp Director have access to this information.

_____ **Registered Member** - all camp staff must become an adult member of the Girl Scout organization and pay the \$12 dues.

_____ **Camp facilities** - We cannot guarantee housing so staff must be willing to live and work in the following facilities with reasonable accommodation: platform tents, screened cabins and dorm style cabins.

_____ **Scheduled time off is two hours (Monday – Thursday)** - Staff are scheduled two hours off each day you may return to your assigned living quarters

_____ **No smoking** - Our camps are non-smoking facilities; smokers must leave camp to smoke, only during scheduled time off.

_____ **Return to work on Sundays at noon** - Staff must return to work on Sundays at noon to prepare for check-in.

_____ **Tattoos and body piercings** must be covered at all times.

_____ **Physical working conditions at camp** - Physical requirements: possible lifting of up to 20 pounds, work in rustic, outdoor conditions (e.g. exposure to wildlife, hiking several miles per day on uneven terrain), subject to various weather conditions.

Camp work is demanding, requires long hours and adherence to camp policies that may be limiting (curfews, limited time-off, lack of privacy, no pets, no smoking, etc.) Is there anything that would prohibit you from complying with this lifestyle and our camp policies? Yes No

Have you ever been convicted of a crime (other than traffic violations)? Yes No
If yes, please state offense, date and location. (A conviction record will not necessarily be cause for disqualification).

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information provided on this application, is true and complete. I understand that falsification or omissions of any kind of information will disqualify me from employment and/or will result in dismissal if discovered at a later date.

I hereby authorize you to contact any individuals and organizations identified in this application to verify information provided and to obtain additional reference information. I further authorize such individuals and organizations to release to you any and all information they have about me. I will not bring any claims against the Girl Scouts or against any individual or organization based upon my references provided. I further understand if offered employment, such employment is subject to receipt of satisfactory references.

I understand that this employment application and any other Girl Scout documents are not contracts of employment for any definite period of time, and that any individual who is hired may be terminated by the Girl Scouts at any time for any reason without advance notice.

I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I understand all statements made on this application become part of any future employee personnel file.

Signature: _____
Parent/Guardian Signature: _____

Date: _____
Date: _____

**CAMP SYCAMORE HILLS
SUMMER CAMP VAQUERAS & KITCHEN AIDE STAFF EXPECTATION AGREEMENT**

Name _____

Parent Name _____

As an underage staff member,
(Initial left of each statement)

_____ I understand that I am a role model for each camper and staff member. I represent the values of Girl Scouting in all interactions at camp.

_____ I understand that I will be expected to be on time to activities and work assignments.

_____ I understand that I will have access to the telephone and email, and that I will follow the instructions of my parents/guardians on their use while at camp.

_____ I understand that I cannot ride in a car with anyone on camp, unless it is a Girl Scout Council approved driver over the age of 21 in a Council Vehicle.

_____ I understand that if my parents/guardians allow me to drive to camp, my car must remain parked in the parking lot during my camp session.

_____ I understand that I will not have access to the staff rest area.

_____ I understand that I must respect the value system adhered to in my home while at camp. For example, I will not ask to borrow a CD or magazine from a staff member that is not permitted by my home.

_____ I understand that I may bring a personal music device, but may only listen to it with headphones in my cabin and away from campers.

_____ I understand that I may not stay at camp when camp is closed.

_____ My parents/guardians and I have read and discussed the Camp Staff Guidelines.

Staff Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Please list other drivers that your daughter may travel with on opening and closing days:

Initials	Name of Driver	Telephone Numbers