

Girl Scouts of Middle Tennessee is an equal opportunity employer. All applicants for internship will be considered without regard to race, color, religion, 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.
- Send via mail: **Girl Scouts of Middle Tennessee**

attn: Camp Director
4522 Granny White Pike, Nashville TN 37204

or email:

Camp Holloway Director
CampHolloway@gsmidtn.org
Phone/Fax: (615) 460-0212

Camp Sycamore Hills Director
CDirector@gsmidtn.org
Phone/Fax: (615) 460-0239

Application Date: _____ *Applications are due January 15, 2019.*

Name: _____ Parent / Guardian Name: _____

Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____

Preferred Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____ Parent / Guardian Email: _____

Will you be at least fifteen (15) years of age by the time camp starts? Yes No

Are you legally authorized to work in the United States? Yes No

Have you applied to work as an intern before? Yes No

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

Position(s) Desired *(Please indicate which position you are applying.)*

Kitchen _____ Media _____ Office _____ Program _____ Vaquera* (must be a level 3 Vaquera) _____

Please rate the weeks you would like to work (1st, 2nd, 3rd, and 4th). Please select all available dates so we can make the best decision.

_____ June 2-7 _____ June 9-14 _____ June 16-21 _____ June 23-28

_____ June 30-July 2 _____ July 7-12 _____ July 14-19 _____ July 21-26*

**Camp Sycamore Hills only*

To which camp are you applying? Camp Holloway Camp Sycamore Hills Either

How did you hear about this position? _____

Training History *(Please list any trainings you have attended. These can be Girl Scout or non-Girl Scout trainings.)*

Examples: Program Aide (PA), Counselor In Training (CIT), Leader in Action (LiA), First Aid/CPR, Babysitting, etc.

TRAINING

TRAINING DATE

Employment and/or Volunteer History *(List most recent first. Attach an additional sheet if needed.)*

Dates of Employment / Volunteer Work: _____
Organization Name: _____ Organization Phone: (_____) _____
Organization Address (Street, Apt. #): _____ City, State, Zip: _____
Position / Major Responsibilities: _____
Reason for Leaving: _____
Supervisor Name: _____

Dates of Employment / Volunteer Work: _____
Organization Name: _____ Organization Phone: (_____) _____
Organization Address (Street, Apt. #): _____ City, State, Zip: _____
Position / Major Responsibilities: _____
Reason for Leaving: _____
Supervisor Name: _____

Experience as a Camper or Intern *(List most recent summers if you have more than will fit on this page.)*

Camp Name	Location	Year	Experience
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Questions *(Please answer the following questions and give careful consideration to each. Attach an additional sheet if needed.)*

1. Why do you want to be an intern?

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

3. What do you hope to gain from this experience?

4. What challenges do you believe you will have transitioning to a quasi-staff position?

For Your Information

Working at camp can be an extremely rewarding job. Many interns 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 you can make an informed decision about working for our camp programs.

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

- _____ **Registered Member** - All interns must be a member of Girl Scouts of the USA and pay the \$25 membership fee.
- _____ **Camp Facilities** - We cannot guarantee the type of housing, so interns must be willing to live and work in the following facilities with reasonable accommodation: platform tents, screened cabins, or dorm style cabins.
- _____ **Work Hours** - The work day consists of eight (8) hours daily with your day ending at 9:00 PM. When you are not working, you will be a participant in the camp program.
- _____ **Scheduled Time Off** - Interns are scheduled two hours off each day (Monday - Thursday).
- _____ **No Smoking** - All use of tobacco, vaping, or nicotine delivery systems are prohibited on camp properties.
- _____ **Tattoos and Body Piercings (including facial piercings)** - Must be covered at all times.
- _____ **Physical Working Conditions at Camp** - Physical requirements: possible lifting of 20 lbs. or more; work in rustic, outdoor conditions (e.g. exposure to wildlife, hiking 5-10 miles per day on uneven terrain); subject to various weather conditions; etc.
- _____ **Electronic Devices** - Devices may only be used on your time off and must be turned off at bedtime. You may not use your devices around campers.

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, limited use of electronic devices, 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.)*

Signature Authorization *(Please read carefully before signing.)*

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

- _____ 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 being an intern and/or will result in dismissal if discovered at a later date.
- _____ I hereby authorize you to contact any individuals and organizations identified on this application to verify information provided and to obtain additional reference information. I further authorize such individuals and organizations to release to you all information they have about me. I will not bring any claims against the Girl Scouts of Middle Tennessee or against any individual or organization based upon my references provided. I understand if offered an intern position, my position is subject to receipt of satisfactory references.
- _____ I understand that this intern application and any other Girl Scout documents are not contracts for an internship and/or for any specific week, and that any individual who is offered an intern position 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 intern.
- _____ I understand all statements made on this application become part of any future employee personnel file.

Intern Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Summer Camp Intern Guidelines

Name: _____ Parent / Guardian Name: _____

As an intern, 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 am a camper supporting the summer camp program. My relationship with camp staff is a camper to adult relationship. Conversations and interactions will remain as such.

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

_____ I understand that I will have access to my cell phone 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 and 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 and my keys must be turned into the camp office at check in.

_____ 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 music, books, or magazines from a staff member or camper that is not permitted at my home.

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

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

_____ I understand that I will work 8 hours a day in the assigned area I have agreed upon.

_____ I understand that camp will sometimes require me to work outside of my assigned area.

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

Intern Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____