

Camp Sharing Meadows Counselor/Cook/Nurse Application
P. O. Box 400, Rolling Prairie, IN 46371

Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Are you over 18 years old? ___ Address: _____

City: _____ State: ___ Zip: _____ Phone: _____

Email: _____

Personal Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, contact: _____ Relationship: _____

His/her home phone: _____ Work phone: _____

Name of Physician: _____ Phone: _____

PERSONAL ASSESSMENT

What unique contribution do you personally bring to the position for which you are applying?

Describe any experience (personal, volunteer, or paid) with individuals who have special needs.

List any leadership positions you have held: _____

Have you ever worked a summer camp? ___ Yes ___ No If yes where? _____

If you are staff, there is a possibility that you may be asked to shower, feed, or help dress a camper. Is this something you can do? _____

Not that this will necessarily have a bearing on whether you are accepted as staff, but have you ever been arrested? ___ yes ___ no. If yes, a detailed explanation must be written on back.

EDUCATION

List High Schools you have attended.

Dates attended

List Colleges you have attended or are attending

Next page please.

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MEDICAL HISTORY

Are you in good health? _____

Do you have any physical limitations? ___ If yes, please explain _____

Do you have allergies? Please specify _____

Are you currently under psychiatric care? ___ Yes ___ No (If yes, please provide a separate description. Thank you.)

Do you smoke? ___ yes ___ no. Do you consume alcoholic beverage? ___ daily ___ weekly ___ seldom ___ Never

YOUR PERSONALITY

What are your strongest qualities?

Are you aware that this is a difficult, but rewarding experience?

Are you prepared to do it through service?

We are looking for people who are ready to have a great and safe time as a staff person. We are looking for staff that will not have personal agendas here at camp but come with a desire to "serve" others. We want to provide our campers with positive camping experiences. How will you accomplish this?

WORK HISTORY

Please list the past two jobs you have held:

*Name of company: _____

Dates employed: _____

Reason for leaving: _____

Supervisor name and phone: _____

*Name of company: _____

Dates employed: _____

Reason for leaving: _____

Supervisor name and phone: _____

Please give the names, addresses and phone numbers of two persons **not related to you**, that you have known at least one year that we can contact for references.

Name: _____ Address: _____ Phone: _____

I agree the information is valid with regard to my current application status. I understand and agree that if I have misled the Share Foundation, my application and/or staff position will be terminated immediately.

Signature of applicant: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Share Foundation With The Handicapped, Inc., may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report." The consumer report may contain information regarding your criminal history and/or motor vehicle records ("driving records"), and may also contain other background information about you. As such, the consumer report may bear upon your character, general reputation, personal characteristics, and/or mode of living.

ACKNOWLEDGEMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the following documents: DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and ADDITIONAL STATE LAW NOTICES. I certify that I have read and understand those documents.

I hereby authorize the obtaining of "consumer reports" about me by *Share Foundation With The Handicapped, Inc.*, at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by SentryLink LLC, 7500 Greenway Center Drive, Suite 1040, Greenbelt, MD 20770, (877) 736-8791 with website www.sentrylink.com, another outside organization and/or Company itself.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma Applicants or Employees ONLY: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California Applicants or Employees ONLY: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW, and consent to the Company receiving "Investigative Consumer Reports" (as that phrase is defined by California law). Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Printed Name (First, Middle, Last):

Signature: _____ Date: _____

ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking work for *Share Foundation With The Handicapped, Inc.*, in Massachusetts, Minnesota, or New York, please note:

MASSACHUSETTS APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any report requested by the Company by contacting the consumer reporting agency, SentryLink LLC, 7500 Greenway Center Drive, Suite 1040, Greenbelt, MD 20770, (877) 736-8791 with website www.sentrylink.com.

MINNESOTA APPLICANTS/EMPLOYEES: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of any consumer report by contacting the consumer reporting agency, SentryLink LLC, 7500 Greenway Center Drive, Suite 1040, Greenbelt, MD 20770, (877) 736-8791 with website www.sentrylink.com. The consumer reporting agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later.

NEW YORK APPLICANTS/EMPLOYEES: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, SentryLink LLC, 7500 Greenway Center Drive, Suite 1040, Greenbelt, MD 20770, (877) 736-8791 with website www.sentrylink.com. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by SentryLink LLC with the contact information above.

EMPLOYEE/APPLICANT

_____		_____		_____ - ____ - ____		____/____/____	
Last Name		First Name		Middle		Social Security Number	
_____		_____		_____		_____	
Other Name(s) Maiden/Married		_____		Driver's License Number		State	
_____		_____		_____		_____	
Email Address		_____					
_____		_____					
RESIDENCES (Starting with current)							
_____		_____		_____		_____	
Street Address		_____		City/State		Zip	
_____		_____		_____		_____	
Street Address		_____		City/State		Zip	
_____		_____		_____		_____	
CURRENT EMPLOYER		CITY/STATE/ZIP		PHONE #		POSITION	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
PREVIOUS EMPLOYMENT		CITY/STATE/ZIP		PHONE #		POSITION	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	

SCHOOL(S)	NAME OF SCHOOL	CITY/STATE	DATES	YEAR
ATTENDED			ATTENDED	GRADUATED
High School			Not applicable	Not applicable
College				
Other				

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth ____/____/____	Race _____	Sex _____	Telephone (____) _____
_____	_____	_____	_____

Signature

Date Signed