



CAMP HONOR 2009  
May 30- June 6, 2009



Staff Application

I am a new applicant \_\_\_\_\_ or, I am a returning staff member \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle*

Mailing Address \_\_\_\_\_  
*City State Zip*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ **This Will Be My \_\_\_\_\_ Year of Camp**

Permanent Address and Phone (If different from above): (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip*

Employer/Supervisor Address and Phone (If applicable): (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
*Name Address City State Zip*

Describe previous experience as a camp staff member or camper. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other leadership/youth experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work at Camp HONOR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your special talents or skills that you may be able to share or to teach:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am applying for the position of:

(Please include copies of any current certification with this application)

\_\_\_\_\_ **Cabin Counselor**

Ages 8 - 9 \_\_\_\_\_

Ages 10 - 11 \_\_\_\_\_

Ages 12 - 13 \_\_\_\_\_

Ages 14 - 15 \_\_\_\_\_

Ages 16 - 17 \_\_\_\_\_

Not sure which ages \_\_\_\_\_

\_\_\_\_\_ **Specialist** (canoeing instructor,  
song leader, sports, lifeguard, floater,  
camp out leader, arts & crafts instructor, etc.)  
Specialty position desired \_\_\_\_\_

\_\_\_\_\_ CIT Program \_\_\_\_\_ Unit Head \_\_\_\_\_

Not sure which position to apply for \_\_\_\_\_

Do any of your immediate family members attend camp? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony, or any illegal action involving drugs or narcotics? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted in any illegal action involving child molestation or any other crime involving children? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever signed away your rights to make your own legal, medical or care decisions? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

## Personal References

Please list two personal references (individuals not related to you) that can vouch for your ability to be a camp counselor/staff member at Camp HONOR:

|                        |                   |
|------------------------|-------------------|
| Name _____             | Phone _____       |
| Address _____<br>_____ | Years Known _____ |
| Name _____             | Phone _____       |
| Address _____<br>_____ | Years Known _____ |

## Please Read and Sign

In making this staff application for Camp HONOR, I state that the foregoing information is complete and accurate. I authorize the release of information regarding my qualifications, background, and fitness for this position to Camp HONOR or its agents or employees, including the Arizona Hemophilia Association and its Camp Committee. I release from all liability all individuals of organizations that provide information about me regarding this application.

I consent to any tests that may relate to my fitness for this position, including tests for drugs and alcohol. I agree to fill out a fingerprint background clearance card and undergo a background check.

I consent and request that all such persons or agencies accept a photocopy of this authorization as valid authorization to give such information or records.

I understand that a complete application is not a guarantee of acceptance and is subject to review by the Arizona Hemophilia Association.

\_\_\_\_\_  
*Applicant's Full Name -- Printed*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## Return completed form to:

Arizona Hemophilia Association  
818 E. Osborn Road Suite #105  
Phoenix, AZ 85014

Phone (602) 955-3947      Fax (602) 955-1962  
Email: alexis@hemophiliaz.org