

# Wonderland Camp 2012 Staff Application

Applications are due by Friday, February 17<sup>th</sup>, 2012  
After this date, please contact Alena Robinson for additional openings

Please mail or fax back to:  
Wonderland Camp  
Attn: Alena Robinson  
18591 Miller Circle  
Rocky Mount, MO 65072  
Fax: (573) 392-3605  
Phone: (573) 392-1000

Thank you for applying to work at Wonderland Camp. Wonderland Camp is a camp in Rocky Mount, Missouri on the Lake of the Ozarks, which serves children and adults with mental and physical disabilities. Not only will you make a difference in the lives of the campers, the change you will see in yourself is even bigger. The staff at Wonderland Camp is responsible for not only the well being of the campers but also to ensure a great camp experience for both campers and staff. Wonderland Camp needs staff from May 27<sup>th</sup>, 2012 until August 17<sup>th</sup>, 2012. If hired, staff will need to work as many weeks as your schedule allows. These requests for weeks off are at the discretion of the Program Director. You must be at least 16 years old to apply.

### Important Dates:

Interviews: Saturday, March 10<sup>th</sup> and Sunday, March 11<sup>th</sup> (only attend one)  
If hired: Staff Training: May 5-6, 2012

Please indicate the positions that you interested in applying for. Make sure you have read the attached "Job Descriptions" carefully before making your selection.

\_\_\_\_\_ Cabin Leader

\_\_\_\_\_ Counselor

\_\_\_\_\_ Counselor In Training

\_\_\_\_\_ Medical Staff

\_\_\_\_\_ Program Staff (Check the area you are applying for)

\_\_\_\_\_ Lifeguard

\_\_\_\_\_ Crafts

\_\_\_\_\_ Recreation

\_\_\_\_\_ Nature

\_\_\_\_\_ Music

\_\_\_\_\_ Game Room

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security: \_\_\_\_\_ Email: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Past employment starting with last or current employment:**

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Position held with employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Position held with employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**List two references other than relatives:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check any of the following certifications that you may have:**

\_\_\_ CPR \_\_\_ CPI \_\_\_ CMT \_\_\_ EMT \_\_\_ First Aid \_\_\_ Lifeguard

**Do you have any experience working with people with disabilities? Yes \_\_\_ No \_\_\_**

**If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in working at Wonderland Camp?

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Please list or explain any extra-curricular activities you are currently or have been involved with:

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Have you ever been convicted of or plead guilty to any felony or misdemeanor offense? \_\_\_ Yes \_\_\_ No  
If yes, please describe in full.

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In Case of Emergency, Please Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Prescription Provider: \_\_\_\_\_ Card No: \_\_\_\_\_

Please Provide A Copy Of All Insurance Cards

Please sign the application understanding that this application is correct to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The “Voluntary Disclosure Statement” MUST be returned with the application to be considered for employment.**

**Medical Consent: If you are under 18, your legal guardian must sign for you.**

**In the event of a medical emergency and I cannot be reached, I hereby give Wonderland Camp Foundation's Program Director permission to seek emergency services for:**

**Name of Applicant:** \_\_\_\_\_

**Signature of legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Consent: If you are 18 years or older, please sign below.**

**In Case of a medical emergency, I hereby give Wonderland Camp Foundation's Program Director permission to seek emergency medical services for myself.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wonderland Camp  
18591 Miller Circle  
Rocky Mount, MO 65072**

**Wonderland Camp**  
**Voluntary Disclosure Statement**  
**All Camp Staff FM16**

*Mail this form to Wonderland Camp by February 17, 2012  
at 18591 Miller Circle, Rocky Mount, MO 65072*

Developed and approved by the  
American Camp Association

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone (if applicable) \_\_\_\_\_

Cell Phone (optional) \_\_\_\_\_ E-mail Address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: (Use separate sheet, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? \_\_\_\_\_ Yes \_\_\_\_\_ No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

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4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, please explain: (Use separate sheet, if necessary.)

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, please explain: (Use separate sheet, if necessary.)

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6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, please explain: (Use separate sheet, if necessary.)

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I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) Have a history of complaints of abuse of a minor;
  - 2) Have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) Have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_