



Day Camp Staff Application

Thank you for your interest in working with the Outdoors for All Foundation. We look forward to working with you as we fulfill our mission of improving the quality of life for children and adults with disabilities. Please help us by completing the information below. Please attach a resume as well.

I am applying for: Day Camp Counselor Lead Day Camp Counselor

1. Personal Information

Last Name:	First Name:	M.I.:
Home Address:		
City:	State:	Zip:
Home Phone:	Additional Phone:	
E-mail Address:		
Date of Birth:		
Driver's License Number:	State:	

I understand that by signing this form, I am giving permission for Outdoors for All, a non-profit organization, to request Criminal History information and Child/Adult Abuse through Information Act from the Washington State Patrol Identification & Criminal History Section in accordance with RCW 43.43.830 through 43.43.845

Signature: _____

2. Education

College:		
School Address (if different from above):		
City:	State:	Zip:
School Phone (if different from above):		
Field of Study/Major:		
Minor:		

3. Employment (please list your current or most recent place of employment)

Employer:	Work Phone:	
Address:		
City:	State:	Zip:
Job Title:	Hours per Week:	

4. Related Volunteer or Work Experience (Attach Additional Sheet if Necessary)

Organization/Agency:	Phone:	
Address:		
City:	State:	Zip:
Summarize Work Duties:		

✓ **Please rate your experience level with any special skills or services:**

0 – none; 1 – Novice; 2 – Some; 3 – Average; 4- very experienced

- | | | |
|--|--|--|
| <input type="checkbox"/> Bicycle Maintenance | <input type="checkbox"/> Bicycling | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Belaying | <input type="checkbox"/> Adaptive Cycles | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Setting Climb Anchors | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Challenge Course Experience | <input type="checkbox"/> Hiking | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Initiative Game Leading | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Driving a Passenger Van |

Please explain or expand on your experience and add any additional experience not listed.

✓ **Certifications**

I have the following certifications:

- | | | | | |
|---------------------|-----|----|-----------------------|-----------------|
| CPR | Yes | No | Date Certified: _____ | Expires: _____ |
| First Aid | Yes | No | Date Certified: _____ | Expires: _____ |
| Belay Certification | Yes | No | Date Certified: _____ | Given by: _____ |
| WFR | Yes | No | Date Certified: _____ | Expires: _____ |
| Lifeguard Certified | Yes | No | Date Certified: _____ | Expires: _____ |
| CTRS | Yes | No | Date Certified: _____ | Expires: _____ |
| Other: _____ | | | Date Certified: _____ | Expires: _____ |

✓ **Outdoor Leader**

List all of the activities that you have co-lead or lead yourself - Kayaking, Rock Climbing, Hiking, Camping, Horseback riding - any relevant activities that you have experience leading or co-leading.

✓ **Disability Related Programs**

Please expand on your experience with children and/or adults with disabilities. Related experience can be as a result of volunteer, job, or personal knowledge. Please include specific disabilities you've worked with, such as Autism, Intellectual Disabilities, Downs Syndrome, Cerebral Palsy, etc.

? **Comments and Questions**

Please include any additional comments or questions you have for Outdoors for All.
