

Experience At Camps Other than Anokijig - Where and When _____

Certification courses completed (specify types and dates)

First Aid - type: _____ Expiration Date _____

CPR - from whom: _____ Expiration Date _____

Lifeguarding: _____ Expiration Date _____

Other: _____ Expiration Date _____

Previous Employment - List ALL employers since your last position at Anokijig
(Previous employers may be contacted for verification and reference purposes)

1	Employers Name	Telephone
	Address	Supervisor
	Job Duties	Dates of Employment
	Reason For Leaving	

2	Employers Name	Telephone
	Address	Supervisor
	Job Duties	Dates of Employment
	Reason For Leaving	

SKILL CHART Use the following numbers to indicate your skills:

- | | |
|---|---|
| 1. No knowledge / I'm not interested in | 4. Considerable experience & skill/ able to assist person in charge |
| 2. Little knowledge but interested | 5. Some leadership & teaching experience. |
| 3. Have had experience as a participant | 6. Able to organize & teach as person in charge |

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Farming | <input type="checkbox"/> Rowing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Western Horseback Riding |
| <input type="checkbox"/> Cook (short order) | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Competitive swim | <input type="checkbox"/> English Horseback Riding |
| <input type="checkbox"/> Cook (institutional) | <input type="checkbox"/> Canoe Tripping | <input type="checkbox"/> Sailing | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Outpost camping | <input type="checkbox"/> Riflery | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Hiking | <input type="checkbox"/> Fishing | <input type="checkbox"/> Challenge Courses |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Archery (recurve) | <input type="checkbox"/> Photography | <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> Nursing (RN) (LPN) | <input type="checkbox"/> Archery | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Music Instrument |
| <input type="checkbox"/> Athletic Training | <input type="checkbox"/> (compound and crossbow) | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Music Choral |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Nature | <input type="checkbox"/> Fencing | |
| <input type="checkbox"/> Group (Team) games | <input type="checkbox"/> Native American Studies | <input type="checkbox"/> Field Sports | |

Other skills that may be used in camp _____

LIST PROGRAM/SKILL AREA POSITIONS THAT YOU HAVE PERFORMED AT ANOKIJIIG: (sr and jr)

What skill position(s) would you most prefer for 2017. 1. _____ 2. _____ 3. _____

CARING*HONESTY*RESPECT*RESPONSIBILITY & OUTRAGEOUS FUN

.....
Voluntary Disclosure Statement (In an effort to maintain confidentiality, this portion of the application may not be duplicated.)

• Previous residence(s) for last 5 years (including college and home residences)

City _____ State ___ Dates _____ to _____
City _____ State ___ Dates _____ to _____
City _____ State ___ Dates _____ to _____
City _____ State ___ Dates _____ to _____
City _____ State ___ Dates _____ to _____

- Do you use illegal drugs? Yes No
- Has your driver's license ever been suspended or revoked? Yes No
- Have you ever been charged with child neglect or abuse? Yes No
- Have you ever been convicted of any crimes against children? Yes No
- Have you ever been convicted of offenses related to obscenity, pornography, or crimes involving minors? Yes No
- Have you ever been convicted of a criminal offense? Yes No
- Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No
- 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 of protection? Yes No
- Have your parental rights ever been terminated for reasons involving g sexual or physical abuse of children? Yes No
- Other than the previous; is there any fact or circumstances involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people? Yes No

Explain any Yes answers in full on an attached sheet.

.....
Do you have any impairment, physical or mental, which would interfere with your ability to perform the job for which you have applied?
Yes No If so what? _____

Applicants Affidavit

I affirm that the information provided by me in this application for employment is true and correct without consequential omission of any kind whatsoever. I agree that Camp Anokijig shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this application. I also authorize the companies, schools, or persons named by me to give any information they may have regarding me, whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void and if employed, would be reason for discipline or termination. I expressly release any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment, from liability for disclosing, to Camp Anokijig any knowledge or information thereby required. If you decide to investigate my personal, criminal, credit, motor vehicle, or work history, I authorize you to do so. If a report is obtained from a consumer reporting agency you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of that information contained in the report. I fully understand and agree that the submission of this application does not obligate Camp Anokijig to offer me a job, continue to employ me in the future, or obligate me to accept a job.

Date APPLICANTS PRINTED NAME APPLICANTS SIGNATURE

-OVER

MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

To: Motor Vehicle Records Agency or Department of the state of _____
(state of applicants license)

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agency, whose names and addresses are as follows:

Name and address of Employer: Camp Anokijig
 W5639 Anokijig Ln
 Plymouth, WI 53073

Email address of employer: darinh@excel.net

Name of Insurance Agent Johnson Insurance Services, Inc.

This authorization shall continue in effect until revoked by the undersigned in a subsequent written notice delivered to you.

Full Name: First _____ Middle _____ Last _____

Address: _____

City _____ State _____ Zip _____

Driver's License Number _____

Signature _____ Date _____

Please list any moving violations for the previous 5 yrs. List types and dates:

1. _____

2. _____

3. _____

4. _____
