

For Office Use ONLY

Date Received _____

Date Contacted _____

Interview Date _____

MedCamps of Louisiana
102 Thomas Rd. Ste. 615
West Monroe, LA 71291
Tel: (318) 329-8405
Fax: (318) 329-8407
www.medcamps.org

2018 Camp Counselor Application

Thank you for your interest in a camp counselor position at MedCamps of Louisiana!! Applications will be accepted until all available positions have been filled. **Please include a professional letter of recommendation with your application.** Please send the completed application and **letter of recommendation** on or before the deadline to Kacie Hobson at kacie@medcamps.org or mail to:

MedCamps of Louisiana
Attn: Camp Counselor Application
102 Thomas Rd. Suite 615
West Monroe, LA 71291

PERSONAL INFORMATION

Name: _____
First Middle Last

Preferred Name (The name you would like to go by): _____ T – Shirt Size _____

Current Address: _____
Street

Permanent Address: _____
City State Zip Code

Street

City State Zip Code

Phone #s: _____
Permanent Cell

Email Address: (NOT SCHOOL EMAIL) _____

Please note the Staff Training dates. Staff Training will be mandatory for all MedCamps Camp Counselor positions.

MANDATORY

Staff Training will take place May 27- May 29 OR July 5- July 7

Depending on which half you work

EDUCATION

High School Attended: _____ Dates: _____

College/University Attended: _____ Dates: _____

Major Study Subjects Studied: _____

WORK EXPERIENCE

Please list all work experience for the past two years starting with the most recent.

Employer	Dates	Position	Supervisor/Phone

SKILLS AND INTERESTS

Below is a list of activities we provide at MedCamps for which you will be responsible for actively teaching. During staff training you will be given the tools necessary to successfully teach each of these activities.

Please place a “1” next to the activities that you have lead prior to applying to work at MedCamps and a “2” next to those activities that you would need more assistance in before being able to teach it on your own.

- | | |
|-----------------------------|--------------------------------|
| _____ Canoeing/Paddle boats | _____ Swimming |
| _____ Fishing | _____ Adaptive Sports |
| _____ Dance | _____ Nature education |
| _____ Horses | _____ Cooking (indoor/outdoor) |
| _____ Archery/Paintball | _____ Art |

MedCamps of Louisiana counselors are required to work one month, June or July. Please check the ONE section in which you are willing to work.

- _____ JUNE: Tall Pines Retreat for adults ages 22-up with Developmental Disabilities
 Camp Rolling Thunder for children ages 6-16 with Spina Bifida and orthopedic conditions
 Camp Kandoo for children ages 6-13 with Developmental Disabilities
 [] Camp Big Hearts for children ages 6-16 with Hearing/Speech/Visual Impairments
 [] Camp Easy Breeze ages 6-16 for children with Asthma
 Camp Shining Stars for children ages 6-16 with Epilepsy/Seizure Disorders
 *Staff Training May 27- May 29

- _____ JULY: Camp Rough Riders for children ages 6-16 with Cerebral Palsy
 Camp Smiling Suns for children ages 14-21, with developmental disabilities
 Camp Little Giants for children ages 6-16 with Sickle Cell
 Busy Bees Retreat for children ages 6-16 with Autism
 High Rollers Retreat for adults ages 18-30 with Spina Bifida, Cerebral Palsy and wheelchair bound
 *Staff Training July 5- July 7

Please explain any previous experience in teaching or participating in the above activities or any other special interest area not listed above.

Current Certifications **(Please submit a copy of each certification with your application.)**

_____ First Aid _____ CPR _____ Lifeguard Other _____

Please check all that apply:

- I have been to a camp as a camper. Camp name: _____
- I have been to a camp as a counselor. Camp name: _____
- Other: I have been to a camp as _____

REFERENCES

Please provide the name, relation, and phone number of your required references; Your reference must be professional (ex. Boss, teacher, professor, coach); If you would like to send additional references, they may be personal or professional

Name	Relationship	Phone number

1. In the last seven years, have you had any license, certificate or employment; suspended, revoked, terminated or adversely affected? No _____ Yes _____

If yes, provide a full description including dates and circumstances:

2. In the last seven years, have you been convicted of a felony or misdemeanor? No _____ Yes _____

If yes, provide a full description including dates and circumstances:

(Answering yes will not necessarily be a bar to employment and will be considered in relationship to the position for which you are applying)

ESSAYS: Complete and attach the following short essays.

1. Where did you hear about MedCamps of Louisiana, why do you want to work here, and what do you hope to gain from your time at MedCamps?
2. What do you feel like the role of a camp counselor is?
3. MedCamps of Louisiana should hire you because...

I certify that all the information on this application, my resume, or any supporting documents is correct, and I understand that any misrepresentation or omission of any information will result in disqualification from consideration for employment or, if employed, my termination. I also understand that if submitting this application online, that submitting will constitute my authorizing signature.

I understand that this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, MedCamps of Louisiana can terminate my employment at any time, with or without reason.

I authorize MedCamps of Louisiana or its agents to investigate all statements contained in this application and/or resume including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status.

Applicant Signature _____ Date _____