



# Camp Winnamocka, Inc

#68 Fort Jackson Road  
Arkadelphia, AR 71923  
Ph (870)246-4599 Fax (870)246-6345  
email: camp@winnamocka.com

\*To help us put names with faces please include a photo with this application (can be a casual pic). Thanks!

Name \_\_\_\_\_ SSN \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

School Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

What type of position do you want at camp? \_\_\_\_\_  
(Counselor, Kitchen, Van Driver, Maintenance, TC, etc.)

Please indicate all sessions you are available to work in 2019:

- \_\_\_ Session 1: **June 2 - 8**
- \_\_\_ Session 2: **June 9 - 15**
- \_\_\_ Session 3: **June 16 - 22**
- \_\_\_ Session 4: **June 23 - 29**
- \_\_\_ Session 5: **June 30 - July 6**
- \_\_\_ Session 6: **July 7 - 13**
- \_\_\_ Session 7: **July 14 - 20**
- \_\_\_ Session 8: **July 21 - 27**
- \_\_\_ Session 9: **July 28 - August 3**

Are there any reasons you may have difficulty performing any of the essential elements of the job for which you are applying? \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

## Education

Years	School	Major Subjects	Degree Granted

Past Employment (Provide a full record of all employment and explain any gaps in employment. Use a separate sheet if necessary.)

Dates	Employer	Address	Phone	Nature of Work	Supervisor	Reason for Leaving

Is there anyone we should not contact ? Why?

---



---

### Camp Experience

Dates	Camp	Director	Address	Camper or Staff?

References (Give names/addresses of 3 persons [NOT relatives] having knowledge of your character, experience and abilities)

Name	Address	Phone

What sports/activities have you been involved in or are you currently involved in?

---

Other hobbies, interests, etc. that you can contribute to a children's camp?

---

How did you find out about Camp Winnamocka, and why do you think you would like to work here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you certified in:

CPR? \_\_\_\_\_ Date of Certification \_\_\_\_\_

First Aid? \_\_\_\_\_ Date of Certification \_\_\_\_\_

Lifeguarding? \_\_\_\_\_ Date of Certification \_\_\_\_\_

Do you have any ropes experience? \_\_\_\_\_ Staff or participant? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ State \_\_\_\_\_

Write a brief biographical sketch, including specialized training in camping, and experience or training in other fields which might have a bearing on the position(s) for which you are applying.

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

Are you available for an interview? \_\_\_\_\_ If so when/where? \_\_\_\_\_

Additional Comments

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

I authorize investigation of all statements herein and release the camp and all others from liability in connection with the same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant will result in dismissal, regardless of the time of discovery by the camp.

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