

Wonderland Camp 2010 Staff Application

Applications are due by Friday, February 19th, 2010
After this date, please contact Marcella Trujillo for additional openings

Please mail or fax back to:
Wonderland Camp
Attn: Marcella Trujillo
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 are 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 15th, 2010 until August 13th, 2010. 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 6th and Sunday, March 7th (only attend one)
If hired: Staff Training: April 23-25, 2010

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?

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

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

Allergies (Please list any allergies to medications, food or animals):

Please list all physical disabilities, limitations, or any known illnesses:

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 FM 16

Developed and approved by the
American Camp Association

Mail this form to the address below by _____ (date)

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 _____

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 a 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.)

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 a separate sheet, if necessary.)

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 a separate sheet, if necessary.)

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain:

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 _____