



# Anderson Woods Summer Camp

RETURN APPLICATION TO:  
4630 Adyeville Road  
Bristow, IN 47515  
(812) 639-1079  
andersonwoods@psci.net

## Full-time Staff Application

**Staff must be 16 years of age or older by June 3.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell phone:(\_\_\_\_\_) \_\_\_\_\_

Is this your first time at Anderson Woods Summer Camp? Yes\_\_\_ No\_\_\_

If no, what was your prior experience? \_\_\_\_\_

Use the following lines to summarize any experience that you have had in working with persons with disabilities. \_\_\_\_\_

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

How would you describe your level of emotional maturity? Give examples. \_\_\_\_\_

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

State what you feel to be your best attributes as they relate to this position: \_\_\_\_\_

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

What areas do you feel are in need of improvement? \_\_\_\_\_

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

What do you hope to gain from this experience? \_\_\_\_\_

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

Give an example of how you have previously demonstrated strong leadership skills: \_\_\_\_\_

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

Give an example of how have previously demonstrated good follow-through upon receiving direction: \_\_\_\_\_

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

What prior experience, if any, do you have working outdoors in the heat, for extended periods of time? \_\_\_\_\_

What special talents do you possess that would be of benefit in this position: \_\_\_\_\_

Are you currently CPR & first-aid certified? No \_\_\_ Yes \_\_\_, date of certification \_\_\_/\_\_\_/\_\_\_

(All full time staff are required to attain CPR and first-aid certification prior to start of staff training. If currently certified, please attach copy of current certification card).

Where presently attending school (if applicable) \_\_\_\_\_

Field of Study (if applicable) \_\_\_\_\_

Highest level of education achieved \_\_\_\_\_

Do you have any special dietary restrictions? No \_\_\_ Yes \_\_\_ If given the position, you will be asked to provide a letter from your physician verifying medical necessity.

Give three references including one of your past or current H.S. or college instructors:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate your t-shirt/polo shirt size by checking the appropriate spot. All sizes are adult sizes.

Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ XXL \_\_\_

**If you are 18 years or older please fill out the following.**

As part of my application to Anderson Woods, Inc. as a staff member, I hereby give my permission for them to run my drivers' license record (MVR) and my back ground check.

First, Middle, Last Name: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

All of the information given on this application is current and correct to the best of my knowledge and belief.

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I hereby give my permission to receive emergency medical or surgical treatment which may become necessary and is recommended by any referred physician, dentist or hospital during the applicant's period at camp. I also agree to indemnify and hold harmless Anderson Woods, Inc., their Officers, Director and Staff harmless from any and all claims that may arise out of the applicant's period of service at Anderson Woods Camp.

**Signature of Applicant:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

*In the event that applicant is a minor, parent or guardian signature is required below:*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

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I give permission for release of information from the sources listed herein to representatives of Anderson Woods, Inc.

**Signature of Applicant:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

*In the event that applicant is a minor, parent or guardian signature is required below:*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

Photo Release I, the undersigned, do hereby grant Anderson Woods, Inc. my permission to record my photographic image (by film and/or video), and comments (by tape and/or transcription) for the use in promotional materials including Anderson Woods web site, whether the use of the above materials be for public relations, recruitment, development, or any other legitimate purpose of the above named institution.

**Signature of Applicant:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

*In the event that applicant is a minor, parent or guardian signature is required below:*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

**\*If given a staff position, proof of medical insurance will be required.**

DO NOT WRITE BELOW THIS LINE

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