



Please return application by April 1, 2010 to:

Camp Rising Sun, CDD
 2300 Menaul NE
 Albuquerque, NM 87107



2010 Camp Staff Application



Name: _____ Date: _____ E-Mail: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

Social Security #: _____ Drivers License #: _____

Mail should be sent to (*check one*): Current Address Permanent Address

Do you have any physical or mental disabilities that might prevent you from performing the essential functions of the position for which you are applying? Yes No

If yes, do you have specific suggestions as to how we could accommodate your disability? Describe:

Which camp(s) would you be interested working?

Adolescent Camp (14-17 yr. olds) Camp (8-13 yr. olds) Camp (8-13 yr. olds)

June 27-July 1, 2010 July 25-29, 2010 August 1-5, 2010

What position are you applying for? _____ Counselor _____ Lifeguard _____ CIT Coordinator _____ Program Specialist
 (Arts & Crafts, Nature, Outdoor Education, Theater Tech, Drama, Ropes, Music, Photography, Martial Arts, Other.)

Education

Years	School	Major Subjects	Degree

Employment

Dates	Employer	Address	Phone	Nature of Work	Supervisor

Relevant Camp, Volunteer, Child Care, or Autism Experience

Dates	Camp or Organization	Supervisor	Camper or staff?

References: Please list at least three non-family references.

Name	Title or Position	Phone #	E-Mail Address

What contributions do you think you can make at camp?

Describe your experiences with children with special needs.

What contributions do you think camp can make in the lives of children with autism spectrum disorders?

What current certification, licensure, or training (*standard first aid, CPR, emergency water safety, lifeguard training, etc.*) do you have which you believe useful to you in the position you are applying for? **Please attach copies of your current cards or certificates.**

Please list any activities you would like to organize or teach. Beside each activity, list if you can organize or teach as an expert or can assist in teaching. *Examples include: ropes courses, arts & crafts, outdoor skills, hiking, dancing, drama, nature, sports, story telling, yoga, photography, pool, etc.*

1. _____

2.

3.

Please indicate if you have special skills or training in specific areas (i.e. CPR, First Aide, sign language, musical instrument, lifeguarding, etc.) _____

All Applicants

I authorize investigation (i.e. background check) of all statements herein and release the Camp and all others from liability in connection with the same.

Signature: _____ Date: _____

All statements become part of any future camp staff personnel file. This form has been drafted to comply with federal laws; however, Camp Rising Sun assumes no responsibility or liability for use of this form.

Confidentiality Agreement

As a member of the Camp Rising Sun Staff, I understand that confidential interactions and experiences with our campers and their families will occur, as well as review of private records. Any information I obtain from the camp experience or private records is to be considered highly confidential. The use of such information is subject to normal standards of medical confidentiality. No Identifying information about campers is to be revealed in subsequent discussion or writing about the camp experience. General information should not be shared other than for purposes of formal camp evaluation or professional growth.

Signature: _____ Date: _____

Liability Waiver

As a volunteer or staff member of Camp Rising Sun, held on the property owned by Camp Oro Quay, I hereby agree to waive any claim for liability against Camp Rising Sun or Camp Oro Quay due to any injury associated with any camp activities. The undersigned is aware of potential risks and agrees that this waiver applies traveling to and from camp, attending the Camp and participating in any camp programs and events.

Signature: _____ Date: _____



Voluntary Disclosure Statement All Camp Staff



Name: _____ Birthday: _____
Last First Middle

Home Address: _____
Street Address City State Zip Code

Social Security #: _____ Other Names by Which Know (e.g. Maiden Name): _____

Home Phone: _____ Business Phone (if applicable): _____

Cell Phone: _____ E-Mail Address: _____

School or College: _____

Address: _____
Street Address City State Zip Code

Drivers License #: _____ State: _____ Expiration Date: _____

1. Previous Residence(s) for the 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 you 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 of 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 (*use a separate sheet, if necessary*):

I understand that:

- a. The camp may deny camp participation to any person who answers "yes" to any of questions 2-6 listed above. 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: _____

PLEASE RETURN ASAP, POSITIONS ARE LIMITED.
Camp Rising Sun, CDD, 2300 Menaul Blvd NE, Albuquerque, NM 87107
Or via fax to 505.272.3140
For questions, please contact Sharon Cruse at 505.272.9348 or 1.800.877.6380.