

Staff Application

NIGHT EAGLE WILDERNESS ADVENTURES

A Primitive Camping Experience For Boys, Ages 10-14

P.O Box 479, Wallingford, VT 057773

Phone: (802) 855-8661 e-mail: bruce@nigteaglewilderness.com

PLEASE PRINT OR TYPE

Name _____ Date of Application _____
First Name Last Name

PERMANENT ADDRESS

SCHOOL ADDRESS

Street _____ Street _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Phone (_____) _____ Phone (_____) _____

E-mail _____ Cell phone _____

Please place an "X" in the box of the address to which mail should be sent.

Best time(s) to reach you by telephone _____

High School _____ Graduation Date _____

Activities in High School _____

College _____ Major _____

Activities in College _____

Present occupation if not a full-time student _____

How long have you been employed there? _____

How did you learn about Night Eagle? _____

Are you available to come to camp for an interview? _____ When? _____

The 2020 camp dates (including Staff Training) are from Sunday, June 23, through Monday, August 8. Are you available for this entire period? If not, please explain.

Work Experience (Any type, volunteer or paid, most recent first):

Employer _____ Employer _____

Address _____ Address _____

Supervisor _____ Supervisor _____

Phone (_____) _____ Phone (_____) _____

Type of Work _____ Type of Work _____

Dates _____ Dates _____

References:

Please list three people (other than listed employers or relatives) who can make a statement regarding your character and ability)

Name	Telephone	Address
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Reference 1: _____

Reference 2: _____

Reference 3: _____

About You:

The following questions are designed to help us get to know you better and allow you to share your background, skills, and experiences with us. Please use additional paper if necessary.

Why do you want to be a counselor at Night Eagle?

What contributions can a camp experience make to children?

What activities would you feel most competent to teach?

What would you find most difficult about working with children in a camp setting?

Please list and attach copies of any current certifications you have that may be useful at camp (LGT, CPR, First Aid, etc.)

Consent for Release of Employee Information
(All prospective employees must complete this form.)

Prior to contract confirmation, please provide the following information, which will allow Night Eagle Wilderness Adventures to do a background check, including a criminal records check.

Full Legal Name _____ Date _____

Other names records may be filed under _____

Birth Date _____ Social Security Number _____

Please list the location of residences for the last five years, including school and home counties.

Address _____ Address _____

City/State _____ City/State _____

County _____ Zip _____ County _____ Zip _____

Have you ever been accused, arrested, or convicted of sexual misconduct with a child? _____

Have you ever been accused, arrested, or convicted of a misdemeanor or felony? _____

Please attach a separate sheet of paper with details if you answered yes to either of the above questions.

As a counselor you will be giving up a great deal of privacy and comfort, working long and demanding hours, adhering to camp policies which may be limiting and not necessarily reflect your way of living (time on, time off, lack of privacy, no smoking, etc.)

Your signature attests that you have answered all questions honestly and accurately and that you have no problem complying with the type of lifestyle indicated by the camp. Any untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

I hereby grant permission to Night Eagle Wilderness Adventures or its designated agency and insurance carrier to perform the above-mentioned check. I understand that the information obtained will become part of my confidential personnel file.

Applicant Signature _____ Date _____