



# 2012 Cali-Camp SR. STAFF Re-Application



Name: \_\_\_\_\_, \_\_\_\_\_ Age: \_\_\_\_\_ (as of 1st day of camp) Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last, First

Current Address \_\_\_\_\_ City, \_\_\_\_\_ State, Zip code \_\_\_\_\_ Telephone Number \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address: \_\_\_\_\_ Facebook Address: \_\_\_\_\_

Summer Address (if different) \_\_\_\_\_ City, \_\_\_\_\_ State, Zip code \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

T-shirt Size? (check)  S  M  L  XL  XXL  XXXL

I attend (school / college) \_\_\_\_\_ Fall semester begins \_\_\_\_\_ (please complete)

**MUST COMPLETE:** I can work [\_\_\_\_\_] of the 9 WEEKS. June [\_\_\_\_\_] through August [\_\_\_\_\_] (to be considered)  
My last Day:  M  T  W  H  F Week # [\_\_\_\_\_]

If less than 9 weeks - please explain: \_\_\_\_\_

Since last summer I have held a child-related position that will affect my summer salary at: \_\_\_\_\_

How many hours per week? [\_\_\_\_\_] How many weeks? [\_\_\_\_\_]

Comments: \_\_\_\_\_

**All experience must be verified prior to the start of camp. You may go onto our website and download employment verification form**

## **Voluntary Disclosure Statements** (Each year, please answer all statements and sign following)

1. Have you ever been convicted of any crime of violence against minors, including but not limited 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
- Indecent photographic exposure
- 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 to explain)*

2. 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 to explain)*

3. Are you 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 to explain)*

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

*If yes, please explain: (Use a separate sheet to explain)*

I understand that:

- a. Cali-Camp may deny employment to any person who answers any of the questions numbered 1-4 above in the affirmative.
- b. In applying for a camp position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. Cali-Camp may terminate employment or volunteer service of any person:
  - 1) found to have a history of complaints of abuse of a minor and/or
  - 2) found to 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.
- d. This disclosure statement must be updated yearly.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## CAMP POSITIONS

**Please READ & FOLLOW - INDICATE 1st & 2nd CHOICE of desired positions \* ( with a ① or ② ):**

**\* (see listing of available positions & requirements of each before applying)**

DAY CAMP (Coed) CO - COUNSELOR

Coed: Age 4:00 – 4.11 Coed: Age 5.0 - 5.11   
Coed: Ages 12 / 13.11

DAY CAMP CO-COUNSELOR  
Boys Girls

Age 6  Age 7  Age 8   
Age 9  Age 10  Age 11

DAY CAMP COUNSELOR  
 Boys Girls

Age 6  Age 7  Age 8   
Age 9  Age 10  Age 11

WRANGLER CAMP COUNSELOR

Coed: Ages 6 / 13.11

WRANGLER CAMP COUNSELOR

Coed: Ages 6 / 13.11

CAMPER IN LEADERSHIP TRAINING COUNSELOR

Coed: Ages 6 / 13.11

SPORTS CAMP COUNSELOR

Coed: Ages 6 / 13.11

MOUNTAIN BIKING CAMP COUNSELOR

Coed: Ages 6 / 13.11

SPECIALTY AREA SPECIALTY CAMP: \_\_\_\_\_

**SUPERVISORY POSITIONS:**  TEAM LEADER \_\_\_\_\_

## TRANSPORTATION / PRE-POST IN-CAMP SUPERVISION POSITIONS

Everyone at camp participates in one form of transportation or another whether it be driving a school bus/van or supervising on a school bus/van. We will not be having am/pm supervisors this year so transportations are on a first come – first serve basis.

**All driving & supervising positions must be filled first before non-driving positions.** All persons indicating driving positions will get first priority and consideration for camp positions. Insurance requirement - You must be 18 years of age to drive for Cali-Camp. We provide re-imbusement for your physical, license and training.

**PLEASE INDICATE CHOICE OF POSITION and route length (A,B,C or D)** (see transportation salary sheet for explanation): There is no guarantee that you will get your exact choice. Transportation Director has the final say in all routing matters.

I am re-applying as a Driver

CHOICE OF STATION #: (see website)  1st Choice

CHOICE OF STATION #: (see website)  2nd choice

Comments: \_\_\_\_\_

# Cali-Camp Staff Re-Application (cont'd)

I am re-applying as a **Bus Counselor**

CHOICE OF STATION #: (see website)  1st Choice

CHOICE OF STATION #: (see website)  2nd choice

Comments: \_\_\_\_\_

**I am not re-applying as a Driver or Bus Counselor**

**Because** \_\_\_\_\_

**Please take a few minutes to complete the following statements:**

What is it that keeps you coming back to Cali-Camp? \_\_\_\_\_

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

If I could share one camp memory with others I would share the time when \_\_\_\_\_

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

What have you personally gained from working at Cali-Camp? \_\_\_\_\_

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

I authorize investigation of all statements contained in this re-application. I understand that misrepresentation or omission of facts is cause for immediate dismissal. I have read and understand all statements relating to the voluntary disclosure statements listed on the second page.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/2012  
Signing Date

\* **RETURN BY Feb 15th**

to: **Cali-Camp Summer Day Camp**  
**1717 Old Topanga Cyn. Rd.**  
**Topanga, CA 90290**

Or send by email: Email addresses: [staff@calicamp.com](mailto:staff@calicamp.com) or [pam@calicamp.com](mailto:pam@calicamp.com)

**Camp Phone (310) 455-0404 Fax (310) 455-0408**  
**Winter / Spring Staffing Phone and Fax #: (760) 836-3894**