



Ready, Set,...!

Returning Staff Application

Summer 2017

Please complete this application and send it to our office in one of the following ways:

1. **Mail it** - Camp Doublecreek
P.O. Box 5261
Round Rock, TX 78683
2. **Email it** - Attach your application and send it to info@campdoublecreek.com
3. **Fax it** - (512) 310-7812
4. **Stop by and physically hand it to us**



APPLICATION FOR RETURNING STAFF

We're glad you're interested in joining us for 2017!

PLEASE PRINT AND COMPLETE ALL SECTIONS OF THE APPLICATION

Please circle/highlight the session you are interested in:

Winter Break: Dec 27 - 30, 2016

Spring Break: March 13-17

Summer: June 5 -Aug 18

Please note the first day of summer camp session is June 5 and the last day is August 18.

Mandatory staff development training will be held May 25-27

Name:	Date:
Email:	Social Security Number:
Cell:	2nd Contact Number:
DOB:	Driver's License/ State:
PERMANENT ADDRESS	
House # Street Name:	City/State/Zip:
SCHOOL/ALTERNATE ADDRESS	
House # Street Name:	City/State/Zip:

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR MOST RECENT SESSION AT CAMP DOUBLECREEK

What is one thing you learned that will make you a better staff member this year?

Describe your most challenging situation and how you handled it.

List one thing that you would like to learn more about during Staff Training.

What advice would you give a new counselor?

What changes or additions, if any, would you like to see at Camp Doublecreek and why?

Emergency Contacts

Name	Phone number	Relationship to you

If it has been more than two years since you last worked @ Camp Doublecreek, please complete the following:

EMPLOYMENT/VOLUNTEER EXPERIENCE (most recent first)		
Organization	Title/Position	Dates of Employment

PREVIOUS CAMP EXPERIENCE AND/OR EXPERIENCE WORKING WITH CHILDREN (staff or camper)			
Camp/Organization	Location	Position	Dates

GROUP MEMBERSHIP/LEADERSHIP			
Organization	Purpose/Activities	Title/Position	Dates

REFERENCES someone who has knowledge of your character, work experience & ability - no relatives please list below who you will be sending the attached reference letters to			
Name	Address	Phone #	Relationship to you

Please Read Carefully Before Signing

I certify that my answers to the foregoing questions are true. I have not left out any information that would be important or relevant to my requested employment at Camp Doublecreek. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application or during interviews may be grounds for my immediate termination. I hereby authorize Camp Doublecreek to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to any company and/or individual requested by Camp Doublecreek to reveal any and all information as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against Camp Doublecreek or its agents or employees for defamation, invasion of privacy or any other reason because of their statements or request for information relating to my background and fitness to serve as an employee. I understand that, in the event I am employed by Camp Doublecreek, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by Camp Doublecreek at Camp Doublecreek’s discretion. I agree that while employed or after employment is terminated either by myself or Camp Doublecreek I may not use Camp Doublecreek’s name, image, initials, or inferences in any and all internet sites, chat rooms, or instant messages. I agree that, if I am employed, I will abide by all the rules and regulations of Camp Doublecreek and that failure to do so may be grounds for my immediate termination. I agree that beginning and continuing employment at Camp Doublecreek depends, in part, on the following:

1. Passing a drug screen and/or physical examination, if requested by Camp Doublecreek to be given by a doctor, nurse, or medical facility selected by Camp Doublecreek.
2. Satisfying Camp Doublecreek’s requirements concerning:
 - a. My driving record
 - b. My criminal history record
 - c. Reference checks
 - d. Letter of recommendation/ employment history verification supplied by myself
 - e. Staff training

I understand that as long as my employment with Camp Doublecreek lasts, Camp Doublecreek may enforce any or all of the above requirements at any time. I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum required of the position for which I am asking to be considered. Also, I give my consent for Camp Doublecreek to share information pertaining to my future employers. I further understand that Camp Doublecreek is not authorized to enter into any contract with me without the express written consent of a Senior Officer of Doublecreek Farm, Inc. I also understand that my employment is “at will” and may be terminated by myself or Camp Doublecreek at any time for any reason or no reason at all, with or without prior notice.

I hereby acknowledge and understand the risk of injury from participation, including any act or omission required of myself, through my employment with Camp Doublecreek, including, but not limited to, the potential for bodily injury, communicable diseases, partial or total disability, permanent paralysis, other serious injury, and/or death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS FOR MYSELF. I AGREE THAT CAMP DOUBLECREEK SHALL NOT BE LIABLE

for any claims, demands, injuries, damages, actions, or causes of action that arise, on behalf of myself or any other person, in whole or in part due to the negligence or careless acts of Camp Doublecreek arising out of the participation and duties of my employment. I understand that it is my sole and personal responsibility to obtain insurance to compensate for any and all injuries which might occur to myself as a result of any duties or activities arising out of my employment with Camp Doublecreek.

I also understand that I must attend all training sessions in order to be employed by Camp Doublecreek and will be expected to give two (2) hours per session outside of normal camp hours to maintenance and upkeep of the camp. I have read the above statements and accept the same as a condition of my employment with Camp Doublecreek.

Signature

Date

Print Name