



# APPLICATION FOR SUMMER EMPLOYMENT

4H Camp Palmer ✨ 26450 County Road MN Fayette OH 43521 ✨ [camppalmer.org](http://camppalmer.org)

## Personal Information

(Please type or print)

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Past Work History—Provide a full record of employment for the past 5 years

DATES	LOCATION	EMPLOYER/ SUPERVISOR	NATURE OF WORK	REASON FOR LEAVING

## References—Provide names and contact information for three persons (non relatives) having knowledge of your character, experience, work habits and ability.

NAME	EMAIL ADDRESS AND PHONE NUMBER	RELATIONSHIP/YEARS KNOWN

## Education — High School and Beyond

YEARS	SCHOOL	MAJOR SUBJECTS	DREGREE GRANTED

## Camp Experience

DATES	CAMP AND DIRECTOR	LOCATION	CAMPER OR STAFF?

What contributions do you think you can make at camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What contributions do you think a well-run camp can make to children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dates Required** —The Summer Staff season in 2024 runs from May 17 (at 10am) to August 2 (at noon).

I am available for employment for the above listed dates: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certifications**

I have a valid drivers license: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ State

Please list any certifications you have (CPR/First Aid, Lifeguard, Archery, etc. that may be useful for this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Process** —Please send a cover letter, resume and completed application to:

Kristy Helberg, Program Specialist

**helberg.4@osu.edu**

Email is preferred, but can also be mailed to:

26450 County Road MN Fayette OH 43521

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that , if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_