

# Cornerstone House of Santa Barbara

1451 Camino Trillado

Carpinteria, CA 93013

805/684-5840 phone - 805/684-6455 fax

happyadventuresummercamp@gmail.com

## Summer Camp Counselor Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### In Case of Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### General Information

Position: **Camp Counselor**

Camp Dates: **July 23 to August 3**

Available for Orientation & training prior to Summer Camp (Usually 2 weeks prior to summer camp) Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not a U.S. Citizen, do you have the permit to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony within the last seven years? Yes \_\_\_\_\_ No \_\_\_\_\_  
(A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please explain \_\_\_\_\_

Have you ever applied for a position or worked for this Company before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when: \_\_\_\_\_

### Education

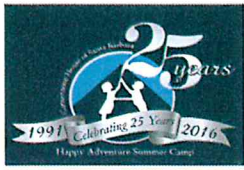
	Name and City of School	Major	Graduate
High School			
College			
Other (Specify)			

### Employment History

Company or Business Name	Location	Phone Number	Employment Dates

If you are employed now, may we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

To assist us in verifying prior employment and/or education, please list any other names you were employed or enrolled under other than that used on this application \_\_\_\_\_



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Are you able to perform the duties of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If No, please explain: \_\_\_\_\_

Do you have any experience with people who have developmental disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, please explain: \_\_\_\_\_

Why are you interested in serving as a camp counselor? \_\_\_\_\_

Additional comments and/or civic activities: \_\_\_\_\_

**References**

Please list three references who are not related to you, at least one reference should be a professional.

Name	Relationship	Telephone Number

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the above statements checked by Cornerstone House of Santa Barbara unless I have indicated to the contrary. I authorize the references listed above as well as all other individuals whom the Company contacts to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at-will, with or without cause, and with or without notice at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company other than the Camp Coordinator(s) or Executive Director, has the authority to enter into any agreement for employment.

I understand that the position for which I have applied is a temporary position, if hired, my job will be only for the duration of Happy Adventure Summer Camp, and thereafter I will not be longer employed by Cornerstone House.

I also understand that all offers of employment are conditional on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination and background check.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_