



30500 Brantley Branch Road
 Eustis, Florida 32736
 Phone: (352) 483-4200 Fax: (352) 483-0358
 E-mail: staff@boggycreek.org
 Website: www.boggycreek.org

STAFF APPLICATION

(please type or print all information)

This application is for a PAID position only. If you are interested in volunteering, please fill out our Volunteer Application.

All applicants must be at least 19 years of age.

Date of Application: _____

Name: _____

Male Female

Current Address: _____

Permanent Address: _____

Phone #: () _____

Phone #: () _____

Cell Phone #: () _____

Social Security # _____

E-mail Address: _____

How did you hear about Camp Boggy Creek? (Please be specific.)

- | | |
|--|---|
| <input type="checkbox"/> Internet- which site? _____ | <input type="checkbox"/> University _____ |
| <input type="checkbox"/> Former Staff Member _____ | <input type="checkbox"/> Newspaper/Magazine _____ |
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> Other _____ |

Have you ever volunteered at Camp Boggy Creek? Yes No If yes, when? _____

Have you applied at (or are you going to apply at) any other camps in the Hole in the Wall Association for the upcoming summer? If so, please mark which one(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> The Hole in the Wall Camp | <input type="checkbox"/> The Victory Junction Gang | <input type="checkbox"/> The Painted Turtle |
| <input type="checkbox"/> Barretstown Gang Camp | <input type="checkbox"/> Double H Hole in the Woods Ranch | |

Have you ever worked or volunteered at another camp in the Hole in the Wall Association? Yes No

If yes, worked volunteered at this camp _____ this year _____

What position are you applying for? Please mark appropriate box:

- | | | |
|---|---|--|
| <input type="checkbox"/> Activity Assistant* | <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Office Administration |
| <input type="checkbox"/> Activity Specialist* | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Leader In Training [Young Adults ages |
| <input type="checkbox"/> Cabin Counselor | <input type="checkbox"/> Other _____ | 17-18 yrs. with prior Boggy Creek experience] |

* If you are applying for activity counselor position, please specify area(s) by circling:

Archery, Arts & Crafts, Boating & Fishing**, Cooking, Creative Writing/Computers, Equestrian**, Music, Nature, Pool**, Sports & Recreation, Ropes Course**, Theatre, Woodworking, Video & Photography.

(*Certification is not required to apply, but will be required for summer employment.)

Are you currently certified in any of the following? Please attach a copy of the certificate.

- First Aid CPR Lifeguard Water Safety Instructor Ropes Course Equestrian

Expiration dates: _____

Do you have any other certifications or professional licenses (nursing, teaching, etc.)? Yes No

Name of license or certification _____

Do you speak or read any languages other than English? How fluent are you?

Language: _____ Level of fluency: reading _____ / speaking _____

Staff members are called upon to be storytellers, song leaders, rainy day game players, good listeners, and friends. Which of the following areas would you be comfortable leading or participating in?

Please mark the appropriate box(es):

- Story Telling Group Games and Teambuilding Public Speaking
 Arts & Crafts Song Leading Musical Instrument _____
 Other gifts or talents _____

Please answer the following questions in the space allotted:

How would a summer camp experience be important for children with chronic and life-threatening illnesses?

What are the most important characteristics camp must have in order to thrive? _____

Who are you? _____

Your employment will be contingent on positive references, criminal background check, and completion of comprehensive medical history/physical forms.

EDUCATION

Please give name and city of:

Years Attended

Degree/Area of Concentration

High School

College

Graduate School

Other Education

EMPLOYMENT EXPERIENCE (Please attach resume, if possible.)

Present Employer:

Company/Organization: _____ City: _____ State: _____

Your Position: _____ Phone Number: (____) _____

Supervisor's Name: _____ Employed since: (month,year) _____

Immediate Past Employers:

Company/Organization: _____ City: _____ State: _____

Your Position: _____ Phone Number: (____) _____

Supervisor's Name: _____ Dates of Employment: (month,year) _____

VOLUNTEER AND COMMUNITY SERVICE EXPERIENCE

Organization: _____ City: _____ State: _____

Your Position: _____ Phone Number: (____) _____

Nature of work: _____ Time Period: _____

Organization: _____ City: _____ State: _____

Your Position: _____ Phone Number: (____) _____

Nature of work: _____ Time Period: _____

REFERENCES (Please provide *at least* three references other than friends or relatives.)

1) Former Employer/Supervisor: _____

Phone Number: (____) _____ Nature of Relationship: _____

2) Present Employer/Faculty Member/Dean: _____

Phone Number: (____) _____ Nature of Relationship: _____

3) Former Camp Supervisor or additional school advisor: _____

Phone Number: (____) _____ Nature of Relationship: _____

4) Name: _____

Phone Number: (____) _____ Nature of Relationship: _____

IMPORTANT GUIDELINES FOR ALL CAMP BOGGY CREEK STAFF

The following are prohibited on camp property:

- Smoking
- Alcoholic Beverages
- Illegal Drugs

Camp work is demanding and requires:

- Long hours
- Curfews
- Florida heat
- Limited time off
- Lack of privacy
- Pets to be left at home

No one is to return to camp under the influence of alcohol or of any drug.

Are you willing to work under these conditions: Yes No If **no**, please explain: _____

Can you safely lift 50 pounds? Yes No

BACKGROUND INFORMATION

1. Have you ever been convicted, plead guilty, plead no contest or had adjudication withheld on any misdemeanor or felony charge? Yes No
2. Are there criminal charges currently pending against you? Yes No
3. Have you ever had any license, certificate or employment suspended, revoked, terminated, or adversely affected? Yes No
If **yes** to any of these questions, provide a full description including dates and circumstances: _____
4. Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you have applied? Yes No If **yes**, please explain: _____

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination.

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully and sign below.

I, _____, hereby authorize Camp Boggy Creek to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal violations. This information will include, but not be limited to, allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any state or federal government to the extent permitted by state and federal law.

I hereby authorize all persons, public agencies, courts, schools, employer companies and corporations to supply to Boggy Creek verification of the information provided in my application, including without limitations, evaluations of my prior performances, and I release them from all liability from their doing so.

The above statements are true and complete to the best of my knowledge.

Upon the offer of a paid position, I understand that I must supply the camp with an updated medical evaluation to be forwarded by my physician.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

Signature: _____ Date: _____

Camp Boggy Creek is an Equal Opportunity Employer. All applicants are screened without regard to age, race, religion, creed, national origin, ethnic background or medical condition.

Camp Boggy Creek is a smoke-, drug-, and alcohol-free facility.

Camp Boggy Creek

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize **CAMP BOGGY CREEK** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizational and all public records for the purpose of confirming the information contained on my application and or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with CAMP BOGGY CREEK. *NOTE: Camp Boggy Creek will not investigate the credit history of any applicants for volunteer or summer positions.*

I release **CAMP BOGGY CREEK** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name and Signature

Date

Social Security Number*

Date of Birth

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. **Camp Boggy Creek** is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

IMPORTANT: When filling out background check form, please do not include any previous addresses prior to the age of 18

MN & Oklahoma Resident please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Print Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY

Employer please note: If a Minnesota or Oklahoma resident checks "YES", and you do request a consumer report, please fax this form to Secure Point at 800-256-5876.

Account Number: _____

CS Note: Corresponding Request submitted electronically.



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The Boggy Creek Gang, Inc.

Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Previous Addresses...Most Recent First

City

State

ZIP

City

State

ZIP

City

State

ZIP

City

State

ZIP

Client Name (Requester)

Account

Location Code

Voice Telephone Number

Extension

FAX Telephone Number

SSN Trace->

Credit->

Employment->

S.O. Registry->

(All states listed except FL)

MVR->

County Criminal->

Education->

Professional License->

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

PLEASE CONTACT:

CRAAs, creditors and others not listed below

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580
202-326-3761

National banks, federal branches/agencies of foreign banks
(word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System member banks (except national banks,
and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Savings associations and federally chartered savings banks (word
"Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in
institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State-chartered banks that are not members of the Federal
Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil
Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250
202-720-7051