



2019 Summer Outdoor Adventure Day Camp
Camp Employment Application Form

Full Name (First Middle Last): _____

Home Contact Info:

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Email Address: _____

Are you currently a certified teacher? Yes No If yes, where? _____
Grade level(s) and subject(s)? _____
Please attach a copy of your teaching certificate.

Are you currently employed? Yes No If yes, where? _____

Are you currently a student? Yes No If yes, school name and where? _____

And what year (freshman, sophomore, junior, senior) during Fall 2019? _____

Which position are you applying for? Both positions require experience working with children and enjoy being outdoors in nature. Lead Counselor (18 years or older) Assistant Counselor (16 years or older)

Which Sessions of camp are you available?

- Session 1: June 3-7, 8-12 PM 3-4 year olds
Session 2: June 10-14, 8-12 PM 3-4 year olds
Session 3: June 24-28, 8-12 PM 4-7 year olds
Session 4: June 24-28, 12-4:15 PM 6-9 year olds
Session 5: July 8-12, 8 AM-4:15 PM 5-12 year olds
Session 6: July 15-19, 8 AM-4:15 PM 5-12 year olds
Session 7: July 22-26, 8 AM-4:15 PM 5-12 year olds
Session 8: July 29-August 2, 8-12 PM 7-12 year olds
Session 9: August 5-9, 8-12 PM 3-6 year olds

It is important you are available every day from stated start to end time. Will any days be a problem for you? Yes No

If yes, which days/times: _____

Describe any previous experiences you have had working as a camp counselor or teaching children. Specify ages.

Describe your experiences working with children outdoors. What was your favorite activity?

Why do you want to be an Outdoor Adventure Day Camp counselor or assistant counselor?

Have you ever attended day or overnight camps? If yes, what kind of camp and at what age were you? What was your favorite activity or memory of camp?

Do you have any special talents that would benefit camp?

Do you have any special needs we need to accommodate? If so, please list:

Do you have any allergies or any other medical condition(s) we should be aware of? If so, please describe and list medications you are taking.

All camp candidates must submit their Driver's License or State ID in order for us to run background checks.

We will be conducting individual interviews in April, May and early June 2019.

I certify that all of the information in this application is true to the best of my knowledge. Falsification of information can result in dismissal from camp.

Signature: _____ Date: _____

Application acceptance requires completion of the Training Workshop and certification in First Aid/CPR/AED.

- **Mandatory Camp Staff Training Workshop Wednesday, June 19, 2019** 8:30 AM – 4:00 PM
Lead and Assistant Counselors will attend a 7+/- hour training session at Dahlem
- All Camp Staff **must** have current First Aid, CPR/AED and Blood-borne Pathogens certifications prior to the first day of camp. Proof of certification is required. Training is not offered/provided by Dahlem.

If you have any questions, please contact Carrie Benham at 517-782-3453.

Thank you for your interest to apply for the Dahlem Conservancy's Outdoor Adventure Day Camp employment opportunity. Please send completed application to:



Carrie Benham, Camp Coordinator
The Dahlem Conservancy
7117 S. Jackson Rd.
Jackson, MI 49201

Email cbenham@dahlemcenter.org
Tele. 517-782-3453
Fax 517-782-3441
Website www.dahlemcenter.org