

APPLICATION FOR CAMP COUNSELOR EMPLOYMENT 2018
 TEXAS MARITIME MUSEUM, 1202 NAVIGATION CIRCLE, ROCKPORT, TX 78382
 PHONE: 361-729-1271, FAX: 361-729-9938, EMAIL: educator@texasmaritimemuseum.org



DATE _____

PERSONAL INFORMATION

Name (Last, First Middle)	DOB (mm/dd/yyyy)	Age	Social Security No.	
Mailing Address	City		State	Zip code
Phone	Email			
Position desired: Head Counselor/Counselor			Referred by:	
T-Shirt Size: Adult - Small...Medium...Large...X-Large...XX-Large...				

EDUCATION

Name and location of School	Years Attended	Graduate	Major
High School			
College			

EXTRACURRICULAR ACTIVITIES, VOLUNTEER EXP. OR FORMER EMPLOYERS

Date Mo./Yr.	Name and Address of Employer	Salary	Position	Reason for Leaving

REFERENCES: Personal or past employer

NAME	PHONE	BUSINESS	YEARS KNOWN

EXPERIENCE:

	Yes	No
Have you volunteered and/or worked at S.E.A. Camp before? ▪ If YES, give the year(s) you volunteered/worked:	<input type="checkbox"/>	<input type="checkbox"/>
Have you volunteered and/or worked at H2Odyssey before? ▪ If YES, give the year(s) you volunteered/worked:	<input type="checkbox"/>	<input type="checkbox"/>
Have you volunteered and/or worked at other youth activities? ▪ If YES, list experience with other youth programs/organizations:	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION: Mark each answer YES or NO.

Do you use illegal drugs? ___ YES ___ NO

Have you ever been convicted of a criminal offense? ___ YES ___ NO

Have you ever been charged with child neglect or abuse? ___ YES ___ NO

Has your driver's license ever been suspended or revoked? ___ YES ___ NO

Other than the information above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?
___ YES ___ NO

(If YES to any above please attach a letter of explanation.)

AVAILABILITY (check all that apply - all applicants are eligible to work all camps):

S.E.A (Summer Experience in Aransas) Camp (8:30 AM – 12:30 PM)

- | | | |
|---------------------------------|------------|---|
| <input type="checkbox"/> Week 1 | June 11-15 | 1 st & 2 nd Grade |
| <input type="checkbox"/> Week 2 | June 18-22 | 3 rd & 4 th Grade |
| <input type="checkbox"/> Week 3 | June 25-29 | 1 st & 2 nd Grade |
| <i>Vacation</i> | | <i>July 2 – July 6</i> |
| <input type="checkbox"/> Week 4 | July 9-13 | 3 rd & 4 th Grade |
| <input type="checkbox"/> Week 5 | July 16-20 | 5 th Grade |

H₂Odysey Camp (1:00 PM – 4:30 PM)

- | | | |
|---------------------------------|------------|---------------------------|
| <input type="checkbox"/> Week 1 | June 11-15 | K – 5 th Grade |
| <input type="checkbox"/> Week 2 | June 18–22 | K – 5 th Grade |
| <input type="checkbox"/> Week 3 | June 25-29 | K– 5 th Grade |
| <i>Vacation</i> | | <i>July 2 – July 6</i> |
| <input type="checkbox"/> Week 4 | July 9-13 | K – 5 th Grade |

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result form utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

Date _____ Signature _____

All wage pay grade decisions are at the discretion of the Camp Director and subject to Grant Funding restrictions. A summer bonus is possible but reliant entirely on work performance evaluations and funding.