

TOTAL THEATRE



CAMP STANLEY

for the performing arts

Staff Application

Name _____ Social Security # _____

Permanent Address _____
(street) (city) (state) (zip)

Home Phone _____ Cell Phone _____

E-mail address _____

Birth Date ____/____/____ Age as of August 2009 ____
(month) (day) (year)

Emergency contact _____
(name & relationship) (phone)

Present Occupation _____

Level of education completed by August 2009 _____

School _____ Major _____

Year Completed _____

Indicate any restrictions from your participation in Camp Stanley for the Performing Arts:

Do you have a criminal record or have you been arrested for child abuse/sexual assault?
If yes, explain:

Do you have a current driver's license? Yes/No _____
(number) (state)

Do you have health insurance? Yes/No

Will you be present for the entire camp season? (August 15-31) Yes/No

How did you learn about Camp Stanley? _____

Why are you interested in working at Camp Stanley?

What current qualifications, certifications, and licenses do you have?

____ First Aid

____ C.P.R.

____ Lifeguard Training

____ W.S.I.

List any other licenses you may have here: _____

References (Professional, Educational, Occupational)

Reference #1

Name _____

Phone _____

Relationship _____

Reference #2

Name _____

Phone _____

Relationship _____

Reference #3

Name _____

Phone _____

Relationship _____

By signing this application, you are giving Camp Stanley for the Performing Arts the right to do a background check.

Signature _____

Date _____

Please return this application with your resume to our winter address below:

Camp Stanley for the Performing Arts
1 Huntington Avenue
Unit 309
Boston, MA 02116

Phone : (518) 588-7146