

TOTAL THEATRE, TOTAL FUN



# 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  
56 Commonwealth Ave.  
Unit 25  
Boston, MA  
02116

Phone (518) 588-7146