



# Girl Scouts of Central and Western Massachusetts SEASONAL CAMP EMPLOYMENT APPLICATION

*Notice to All Applicants: GSCWM is an equal opportunity and affirmative action employer. Also, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*

*Instructions:* When listing employment and community activities, you may exclude organization names which indicate race, creed, color, national origin, religion, sex, sexual orientation, marital status, results of genetic testing, , age, disability, military status, status as a veteran Vietnam Era Veteran or being a member of the Reserves or National Guard. Applications must be completed IN FULL for further employment consideration. Applications are confidential and kept on file for one year. Please PRINT.

**CAMP APPLYING FOR** \_\_\_\_\_ **Date** \_\_\_\_\_

**NEW Applicant?** Check here.  **RETURNING Camp Staff Member?** Check here.

<b>CONTACT INFORMATION</b>	Name _____ <small>First Middle Last</small>
Phone # ( ) _____	Permanent Address _____ <small>Number Street Apt #</small>
Cell # ( ) _____	_____ City State Zip Code
<i>Please check the best number at which to reach you.</i>	Address Until May 15 _____ <small>Number Street Apt #</small>
	_____ City State Zip Code
E-Mail Address _____	

POSITION APPLYING FOR			
Please rank your top 3 in order of preference.			
___ Camp Director*	___ Teen Program Coordinator*	___ Arts/ Crafts Specialist	___ Counselor
___ Asst. Camp Director*	___ Waterfront Specialist/Lifeguard	___ Sports & Nature Specialist	___ Lewis Perkins Pool Manager
___ Waterfront Director*	___ Water Ski Specialist	___ Program Specialist	
___ Trip Coordinator*	___ Health Supervisor*	___ Unit Leader (overnight camp only)	___ Other:
You must be at least 18 by August 1 to work at camp. Do you meet this requirement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
You must be at least 21 (25 for Camp Director) by June 30 for starred (*) positions. Do you qualify?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates available for summer employment (give month & day): _____ to _____			

<b>EDUCATION</b>	<input type="checkbox"/> GED Earned	<input type="checkbox"/> HS Diploma Earned	Date: _____
High School _____			
City & State _____			
Undergraduate Studies <input type="checkbox"/> Attending College: Year? _____ Degree <b>Earned:</b> <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor			
Major _____ College _____			
City & State _____			
Graduate Studies Degree Earned: <input type="checkbox"/> Master <input type="checkbox"/> Doctorate			
Major _____ College _____			
City & State _____			

**CERTIFICATIONS**

*Check the certifications you have and write the expiration date.*

<input type="checkbox"/> Lifeguard (exp:_____)	<input type="checkbox"/> Archery Instructor (exp:_____)	<input type="checkbox"/> Standard First Aid (exp:_____)
<input type="checkbox"/> Basic Water Safety (exp:_____)	<input type="checkbox"/> Rope Course Instructor (exp:_____)	<input type="checkbox"/> CPR (exp:_____)
<input type="checkbox"/> Lifeguard Instructor (exp:_____)	<input type="checkbox"/> Riding Instructor (exp:_____)	<input type="checkbox"/> R.N. State_____ (exp:_____)
<input type="checkbox"/> Water Safety Instructor (exp:_____)	<input type="checkbox"/> Wilderness Trip (exp:_____)	<input type="checkbox"/> EMT State_____ (exp:_____)
<input type="checkbox"/> Water Ski Instructor (exp:_____)	<input type="checkbox"/> Licensed Driver - State _____	<input type="checkbox"/> L.P.N. State_____ (exp:_____)
<input type="checkbox"/> Sailing Instructor (exp:_____)	<input type="checkbox"/> Teacher - State _____	<input type="checkbox"/> MA ServeSafe (Food Service) (exp:_____)
<input type="checkbox"/> Canoeing/Small Watercraft Instructor (exp:_____)	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

I am a strong swimmer willing to complete the lifeguard certification course offered by GSCWM to work as a lifeguard.  
 YES  NO

<b>SCHOOL &amp; COMMUNITY ACTIVITIES</b>	
<b>SPECIAL SKILLS &amp; HOBBIES</b>	
<b>CAMP EXPERIENCE</b>	Attended: <input type="checkbox"/> GSCWM - Camp_____ for_____ (# of seasons) <input type="checkbox"/> Other - Camp_____ for_____ (# of seasons) <input type="checkbox"/> I completed a Counselor-in-Training/Program Assistant program at Camp: _____

**EMPLOYMENT EXPERIENCE**

*Do NOT write "See Resume." Please specify volunteer and internship experience.*

Current/Most Recent Job Title:  Dates: From _____ to _____	Employer: City _____ & State: _____ Reason for Leaving: _____
List Primary Duties:	
Job Title:  Dates: From _____ to _____	Employer: City _____ & State: _____ Reason for Leaving: _____
List Primary Duties:	
Job Title:  Dates: From _____ to _____	Employer: City _____ & State: _____ Reason for Leaving: _____
List Primary Duties:	

*If more space is needed please continue on the reverse side or add a sheet.*

<b>CORI NOTICE</b> <b>Criminal Offense</b> <b>Record Information</b>	A CORI check is required for all camp employees. Therefore, you must complete a CORI Request form. (Out-of-State residents must provide their own CORI.) GSCWM conducts CORI checks in compliance with MA regulations. The existence of a record does not automatically bar you from employment. You may request a copy of your record, if any.
<b>EMPLOYMENT AT</b> <b>WILL AGREEMENT</b>	It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by GSCWM. I understand and agree, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of GSCWM.
<b>APPLICANT</b> <b>CERTIFICATION</b>	My signature below certifies that I understand the above notices and agree to comply. Additionally, I certify that this application is true and correct to the best of my knowledge and understand that falsification, misstatements, or omissions on my part would be grounds for declining to hire, or for dismissal.  Applicant's Signature: _____ Date: _____

<b>REFERRAL</b> <b>SOURCE</b>	D Newspaper Ad _____ D On-Line Posting _____ D GSCWM Employee _____ D Other _____  D College Career Service D Friend/Relative
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<b>EMPLOYMENT</b> <b>REFERENCES</b>	<ul style="list-style-type: none"> <li>• All RETURNING and NEW applicants MUST sign the reference release box (below).</li> <li>• NEW Applicants: You must produce three written references before any job offers can be confirmed. For RETURNING Applicants only: No new references are required.</li> <li>• References must come from employers, community organizations or other sources with whom you have done internship or volunteer work, or from your professors or teachers (no friends or relatives).</li> <li>• References must be provided on letterhead and mailed to GSCWM, Attn: HR Department, 301 Kelly Way, Holyoke, MA 01040</li> </ul>
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Sign the reference release (below).

<b>REFERENCE</b> <b>RELEASE</b>	I hereby authorize any person, educational institution, organization or company I have listed as a reference on my employment application as well as former employers to disclose, in good faith, any information they may have regarding my qualifications and fitness for employment. I will hold Girl Scouts of Central and Western Massachusetts, any former employers, educational institutions, organizations and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.  Applicant's Printed Name: _____ Applicant's Signature: _____ Date: _____
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Girl Scouts of Central & Western Massachusetts

NOTICE OF EQUAL OPPORTUNITY, NON-DISCRIMINATION & VOLUNTARY DISCLOSURE

This is to notify all persons that the Girl Scouts of Central and Western MA (GSCWM) is an equal opportunity and affirmative action organization. GSCWM does not discriminate against any person because of his or her race; color, national origin; creed; ethnicity; ancestry; religion; age; gender; sexual orientation (which shall not include persons whose sexual orientation involves minor children as sex objects); disability; genetic information; veteran or military service status; or marital status in the provision of or access to services, employment or activities. GSCWM is committed to providing equal access to persons with a disability. These practices are carried out in accordance with applicable federal and state law including, but not limited to: Section 504 of the Rehabilitation Act (as amended); Americans with Disabilities Act (as amended); Civil Rights Act of 1964 (as amended); Article 114 of the Massachusetts Constitution; Chapters 151 B and 272, Sections 92, 98 and 98A of the Massachusetts General Laws and Executive Orders 227, 246 and 253.

For information, assistance and resolution of complaints, please contact our Equal Opportunity Director: Colleen Holmes,

Chief of Workplace & Public Strategies  
GSCWM, 301 Kelly Way, Holyoke, MA 01040  
800-462-9100 x4021 (in MA) or 413-584-2602 x4021

**Voluntary Disclosure Invitation**

*To assist us in our equal opportunity efforts, we invite you to voluntarily provide the information requested below. This information will be treated confidentially, and will be kept separate from applicant and other volunteer records. We will use this information only for equal opportunity efforts in compliance with regulations. Declining to provide this information will not jeopardize any consideration you may receive for internship.*

If you choose not to complete the full disclosure, please fill in the dotted box (at right) only and sign.

If you choose to complete the disclosure, please complete this section in full, including the dotted box, by checking all apply below and signing to the right.

NAME: \_\_\_\_\_  
APPLIED FOR: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Female       Male

Vietnam-Era Veteran     Other Veteran

African American/Black

Hispanic American/Latin American

White/Caucasian

Asian American

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

2 or more races

Your chosen identification: \_\_\_\_\_

Person with a Disability: if you choose, you may disclose your disability here: \_\_\_\_\_

\_\_\_\_\_

*Notify the Equal Opportunity Director if you require a reasonable accommodation to access the hiring process.*