

To: All Those Interested in USSCMC Summer Sailing Camp Employment or Volunteer Opportunities...

Both Volunteers and Instructors please complete the following application.

EMPLOYMENT APPLICATIONS MUST BE RECEIVED BY MARCH 27th, HOWEVER DECISIONS MAY BE MADE ON A ROLLING BASIS.

For employment as an instructor you must be 16 or older and you must be trained through US Sailing Level One Instructor Certification. You will not be officially "Certified" until you turn 18, but "Trained" is what we are looking for in 16-17 year old Camp Employees.

If you are 18 or older you must have your US Sailing Level One Instructor Certification. Copies of your current card along with CPR and First Aid certifications are a MUST to be considered for a Camp Instructor position.

If you are interested in volunteering...

13-15 we are looking for volunteer help from those who possess excellent interpersonal skills and/or are highly experienced sailors. You must be able to commit to a specific work schedule (tbd) AND you must meet at least one of the following...

- have past experience volunteering at the USSCMC and be highly recommended by a current or former Camp Employee
- must be able to document / exhibit / and be referred as one who possesses excellent sailing skills and has the patience to teach, share, and demonstrate those skills
- must be selected from a group of staff leaders as one who can assist in running a class and not be just another camper

Both those who are applying to Volunteer and those applying for Employment please complete the same application. If you feel there is any additional personal information that you want us to know about when considering your application, then please include that information in a cover letter.

Thank you for your interest in the USSCMC.

Sincerely
Alan



2010 SUMMER CAMP INSTRUCTOR

APPLICATION AND QUESTIONNAIRE

OFFICE USE ONLY:

Date rec'd _____
 Interviewed by _____
 Hired ___yes ___no
 Position _____

Please complete application completely and make sure to read and sign release & privacy statement.

PERSONAL INFORMATION

TODAY'S DATE: _____ SOCIAL SECURITY #: _____-____-_____

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____
 HAVE YOU EVER BEEN CONVICTED OF, PLEAD "NO CONTEST" OR GUILTY TO A FELONY OR MISDEMEANOR? YES _____ NO _____
 HAS YOUR NAME EVER BEEN PLACED ON THE CENTRAL REGISTRY OF CHILD ABUSE? YES _____ NO _____
 HAVE YOU EVER BEEN CONVICTED OF A DUI OFFENSE? YES _____ NO _____
 HAVE YOU EVER BEEN TERMINATED FROM ANY POSITION OF EMPLOYMENT? YES _____ NO _____

TRUTHFULL ANSWERS TO THE ABOVE QUESTIONS MAY NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION

POSITION DESIRED

INSTRUCTOR: _____ LEAD INSTRUCTOR: _____ FULL TIME: _____ PART TIME: _____

START DATE: _____ LAST DATE YOU ARE AVAILABLE: _____

EDUCATION

	SCHOOL NAME	YEARS ATTENDED	YEAR GRADUATED	MAJOR
HIGHSCHOOL				
COLLEGE				
OTHER				

FORMER EMPLOYERS AND PERSONAL REFERENCES:

FAMILY MEMBERS SHOULD NOT BE LISTED

DATES OF EMPLOYMENT	NAME OF BUSINESS	SUPERVISOR/TELEPHONE NUMBER	SALARY	REASON FOR LEAVING
PERSONAL REFERENCE	RELATIONSHIP	CONTACT PHONE NUMBER		

DO YOU HAVE ANY PHYSICAL DEFECTS THAT WOULD PRECLUDE YOU FROM PERFORMING ANY TASK THE POSITION MAY REQUIRE? IF SO EXPLAIN: _____

DO YOU HAVE ANY DEFECTS IN HEARING, SPEECH, OR VISION? (CIRCLE ONE)

Y/N SPEECH Y/N HEARING Y/N VISION

HAVE YOU EVER BEEN HOSPITALIZED FOR AN INJURY? EXPLAIN: _____

**PLEASE READ CAREFULLY, SIGN AND DATE: RELEASE AND
PRIVACY STATEMENT**

I understand that the USSCMC requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the USSCMC to investigate my past employment, educational credentials and other employment-related activities. I authorize the USSCMC to perform background checks with the legal system. The USSCMC may contact friends, acquaintances, and business associates as well as former employees; questions may be asked about character; and I voluntarily consent to allow the USSCMC to check my references by contacting any person whom it deems to be an appropriate reference. I agree to cooperate in such investigations and release all parties from all liability or responsibility with respect to the information supplied.

I further understand if I shall be employed, I will serve an introductory period, which, if successful completed, will change my status to regular employee. Either of us may terminate our work relationship during this introductory period if it is felt I will not meet job demands or show an inability to adapt myself to the requirements and duties of my employment. I also understand that any job I am offered will not be for any set period of time. My employment may be terminated at any time of my own free will or the will of my employer. I further understand that this policy cannot be changed except in writing and then only when signed by an authorized representative of the employer.

I understand that any false statement or omission of fact made on this application or any supplement thereto or in connection with the above mentioned investigations could be grounds for immediate termination, if I am employed.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE
ABOVE THREE PARAGRAPHS.**

DATE: _____ SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YRS):
