



# KAMP KALEIDOSCOPE 2018

## STAFF APPLICATION

First Name	Middle Name	Last Name	Social Security Number
If applicable: Maiden Name		Name(s) from previous marriage(s)	

Residence & Mailing Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Home/other contact numbers: \_\_\_\_\_

Current Professional Status: \_\_\_\_\_

Professional Societies Memberships: \_\_\_\_\_

**Education** - Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4

**Name, Location, Dates of Attendance, and Type of Degree Received:**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

**Work History**, Including Military Service (List all employment with current/most recent first, use additional paper if needed)

1. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ Part-Time/Full-Time: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Supervisor's Name/Contact Number: \_\_\_\_\_  
 May we contact? \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_  
 Job Title and Duties: \_\_\_\_\_  
 \_\_\_\_\_

2. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ Part-Time/Full-Time: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Supervisor's Name/Contact Number: \_\_\_\_\_  
 May we contact? \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_  
 Job Title and Duties: \_\_\_\_\_  
 \_\_\_\_\_

3. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ Part-Time/Full-Time: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Supervisor's Name/Contact Number: \_\_\_\_\_  
 May we contact? \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_  
 Job Title and Duties: \_\_\_\_\_  
 \_\_\_\_\_



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4. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Dates Employed: \_\_\_\_\_ Part-Time/Full-Time: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Supervisor's Name/Contact Number: \_\_\_\_\_  
 May we contact? \_\_\_ Yes \_\_\_ No Reason for leaving: \_\_\_\_\_  
 Job Title and Duties: \_\_\_\_\_  
 \_\_\_\_\_

### Personal References:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Please respond to all the questions below. If one does not apply to you, answer "N/A". If you answer "Yes" a question, please explain fully - use additional paper if necessary.

1. Have you ever been convicted of any offense against the law other than minor traffic violations? \_\_\_ yes \_\_\_ no
2. Have you had any moving violations on your driver's license within the last 3 years? \_\_\_ yes \_\_\_ no \_\_\_ N/A
3. Have you ever had any action against your professional license, including restrictions, limitations, denial, revocation, suspension, or cancellation in any state? \_\_\_ yes \_\_\_ no \_\_\_ N/A
4. Have you ever had your professional liability coverage restricted, limited, denied, or non-renewed? \_\_\_ yes \_\_\_ no \_\_\_ N/A
5. Has any hospital, HMO, Mental Health Clinic, or other health/human services agency ever limited, denied, or revoked your professional privileges, or allowed you to resign in order to avoid potential for such actions? \_\_\_ yes \_\_\_ no \_\_\_ N/A

I certify that I have given true, accurate, and complete information related to all questions. I authorize educational institutions, associations, registration and licensing boards, and other to furnish whatever detail is available concerning my qualifications. I authorized investigation of all statements made in this application and understand that false information or failure to disclose information may be grounds for rejection of my application; disciplinary action or dismissal if employed; and/or criminal action. I give my permission to conduct Criminal Background Checks, Healthcare Registry Check and reference checks, initially and as-needed. I also agree to provide, or assist as needed in obtaining, any such information. I understand that this is an alcohol/drug/smoke free work environment and that any Lobbying is strictly prohibited. I agree to immediately report to the company any infraction of any Federal, State, or Local Law and to disclose any action taken in regards to my certifications/licenses that are not reported on this application. I understand that dismissal of employment shall be mandatory if I choose not to fully cooperate with these statements or if fraudulent disclosures are discovered.

\_\_\_\_\_  
 Signature of Applicant Date



# **KAMP KALEIDOSCOPE 2018**

## ***STAFF APPLICATION***

Please return the completed application to The Arc office no later than April 20, 2018 by fax or postal mail (both are listed below). A letter of recommendation from a teacher, professor, employer, etc. would certainly be beneficial in this process. The Kamp Kaleidoscope planning committee will review all applications and may be contacting you for a phone and/or personal interview. The committee will make a decision by May 10, 2018 and will notify all applicants.

For those who are chosen, there will be mandatory staff training before Kamp Orientation and will be determined soon. Kamp Kaleidoscope Orientation will be Thursday June 7, 2018 from 6-7:30 pm.

Thank you for your interest in our organization as we continue to promote and support the special citizens of Gaston County.

**APPLICATION DEADLINE: APRIL 20, 2018**

**Please return your completed application to:**

**The Arc of Gaston County  
Attn: Kamp Kaleidoscope  
200 East Franklin Blvd.  
Gastonia, NC 28052**

**OR**

**Fax to 704.864.9464 - Attn: Sara Osborne**

**Contact The Arc with any questions:**

**704-861-1036**

**[kamp@gastoncountyarcs.org](mailto:kamp@gastoncountyarcs.org)**



# KAMP KALEIDOSCOPE 2018

## STAFF APPLICATION

STAFF FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ DL #: \_\_\_\_\_

CONTACT NUMBERS (home, work, cell) \_\_\_\_\_

PARENT / GUARDIAN & CONTACT NUMBERS: \_\_\_\_\_

### IN CASE OF EMERGENCY:

STAFF'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

INSURANCE INFORMATION (Company Name & Policy No.) \_\_\_\_\_

HEALTH/MEDICAL HISTORY (include any food/medical allergies): \_\_\_\_\_

OTHER CONTACT THAN LISTED ABOVE? YES / NO

IF SO, LIST NAME, PHONE # & RELATIONSHIP TO THE STAFF:

This form as well as staff's application form will be on site at all times. Please list any additional information you would like us to know not included in either form: \_\_\_\_\_

*I give permission for the above staff person to receive emergency care, if needed, while at Kamp Kaleidoscope. I understand an effort will be made to contact the parent or guardian as well as the staff's physician. If effort is unsuccessful, I give permission to the physician selected by the Kamp Kaleidoscope personnel to seek appropriate medical needs for the staff named above.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



# KAMP KALEIDOSCOPE 2018

## STAFF APPLICATION

### PERMISSION FOR PHOTOS:

*I give permission for Kamp Kaleidoscope Staff members, Arc Board members, and Arc Director to take pictures of the aforementioned staff to be used in the promotion of the camp.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### ASSURANCE OF CONFIDENTIALITY AGREEMENT

I AGREE TO PROTECT ALL RIGHT ASSOCIATED WITH KAMP KALEIDOSCOPE AND ALL OF IT'S PARTNERS (The Arc of Gaston County, St. Mark's Episcopal Church, City of Gastonia, Gaston County Parks & Rec, Gastonia Grizzlies, Police Municipalities, Bit of Hope Ranch, Schiele Museum, Gaston County Library), INCLUDING, BUT NOT LIMITED TO CONTACT WITH ANY CONSUMERS SERVED BY KAMP KALEIDOSCOPE. I SHALL HOLD CONFIDENTIAL ALL INFORMATION AND NOT DIVULGE SUCH INFORMATION TO UNAUTHORIZED PERSONS.

I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND UNDERSTAND THE PROVISIONS OF ALL REQUIREMENTS INCLUDING CIVIL PENALTIES AND/OR DISCIPLINARY ACTION FOR UNAUTHORIZED RELEASE OR DISCLOSURE OF CONFIDENTIAL INFORMATION. I HAVE READY ACCESS TO THIS INFORMATION THROUGH KAMP KALEIDOSCOPE PERSONNEL.

NAME : \_\_\_\_\_

ASSOCIATION WITH KAMP KALEIDOSCOPE: STAFF

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**BELOW IS FOR ARC STAFF ONLY**

I ACKNOWLEDGE THAT CONFIDENTIALITY INFORMATION HAS BEEN PROVIDED AND EXPLAINED TO THE ABOVE INDIVIDUAL.

NAME & TITLE: \_\_\_\_\_

Member of The Arc's Kamp Kaleidoscope Committee

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_