

**STAFF APPLICATION**

KAMP KALEIDOSCOPE 2020

**APPLICATION DEADLINE: APRIL 30, 2020**

Please return your completed application to:

Email: arcgaston@gmail.com/Subject: Kamp Application

OR

Fax to 704.864.9464 - Attn: Sara Osborne

**Please return the completed application to The Arc office no later than April 30, 2020 by email or fax**. 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, 2020 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 11, 2020 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.

**Contact The Arc with any questions:**

**704-861-1036 • Email: arcgaston@gmail.com**



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**INSTRUCTIONS**: Complete ALL sections of this application, save your completed document, then email it to arcgaston@gmail.com.

**First Name Click here to enter text. Middle Name Click here to enter text. Last Name Click here to enter text.**

**SSN Click here to enter text. Maiden Name** *(if applicable):* **Click here to enter text.**

**Residence & Mailing Address: Click here to enter text.**

**County of Residence: Click here to enter text. Mobile Number: Click here to enter text.**

**Current Professional Status: Click here to enter text.**

**Professional Societies Memberships: Click here to enter text.**

**Education** (highest grade completed): **Choose an item.** **College**: **Choose an item.** **Graduate School**: **Choose an item.**

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

**High School: Click here to enter text. College: Click here to enter text. Graduate School: Click here to enter text.**

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

**1. Employer Name: Click here to enter text. Address: Click here to enter text. Dates Employed: Click here to enter text. Part-Time/Full-Time: Choose an item. Salary: Click here to enter text. Supervisor’s Name & Contact Number: Click here to enter text. May we contact?**: **Choose an item. Reason for leaving: Click here to enter text. Job Title and Duties (be specific): Click here to enter text.**

**2**.  **Employer Name: Click here to enter text. Address: Click here to enter text. Dates Employed: Click here to enter text. Part-Time/Full-Time: Choose an item. Salary: Click here to enter text. Supervisor’s Name & Contact Number: Click here to enter text. May we contact?**: **Choose an item. Reason for leaving: Click here to enter text. Job Title and Duties (be specific): Click here to enter text.**

**3**. **Employer Name: Click here to enter text. Address: Click here to enter text. Dates Employed: Click here to enter text. Part-Time/Full-Time: Choose an item. Salary: Click here to enter text. Supervisor’s Name & Contact Number: Click here to enter text. May we contact?**: **Choose an item. Reason for leaving: Click here to enter text. Job Title and Duties (be specific): Click here to enter text.**



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**Personal References – Names and Contact Numbers for Each Reference:**

**1. Click here to enter text.**

**2. Click here to enter text.**

**3 . Click here to enter text.**

**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? Choose an item.**
2. **Have you had any moving violations on your driver’s license within the last 3 years? Choose an item.**
3. **Have you ever had any action against your professional license, including restrictions, limitations, denial, revocation, suspension, or cancellation in any state? Choose an item.**
4. **Have you ever had your professional liability coverage restricted, limited, denied, or non-renewed? Choose an item.**
5. **Has any hospital, HMO, Mental Health Clinic, or other health/human services agency ever limited, denied, or revoked your professional privileges/allowed you to resign in order to avoid such actions? Choose an item.**

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.

 **Click here to enter text. Click here to enter a date.**

 **Signature of Applicant Date**

 *(your typed name will serve as your signature)*



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**STAFF FULL NAME: Click here to enter text. DATE OF BIRTH: Click here to enter a date.**

**SOCIAL SECURITY #: Click here to enter text. DL #: Click here to enter text.**

**CONTACT NUMBERS (home, work, cell) Click here to enter text.**

**PARENT/GUARDIAN OR SPOUSE & CONTACT NUMBERS: Click here to enter text.**

**IN CASE OF EMERGENCY:**

**STAFF’S PHYSICIAN: Click here to enter text. PHYSICIAN’S PHONE NUMBER: Click here to enter text.**

**INSURANCE INFORMATION (Company Name, Phone # & Policy No.) Click here to enter text.**

**HEALTH/MEDICAL HISTORY (include any food/medical allergies): Click here to enter text.**

**ANY OTHER CONTACTS THAN THOSE LISTED ABOVE (NAME, PHONE # & RELATIONSHIP TO THE STAFF):**

**Click here to enter text.**

**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: Click here to enter text.**

***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.***

**Click here to enter text. Click here to enter a date.**

**SIGNATURE DATE**

*(your typed name will serve as your signature)*



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**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.***

**Click here to enter text. Click here to enter a date.**

**SIGNATURE DATE**

*(your typed name will serve as your signature)*

**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 DIVULDGE SUCH INFORMATION TO UNAUTHORIZED PERSONS.**

**I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND UNDERSTAND THE PROVISIONS OF ALL REQUIREDMENTS IN CLUDING COVIL PENALITIES AND/OR DISCIPLINARY ACTION FOR UNAUTHORIZED RELEASE OR DISCLOSRE OF CONFIDENTIAL INFORMATION. I HAVE READY ACCESS TO THIS INFORATION THROUGH KAMP KALEIDOSCOPE PERSONNEL**.

PRINT FULL NAME : **Click here to enter text.**

ASSOCIATION WITH KAMP KALEIDOSCOPE: STAFF

SIGNATURE: **Click here to enter text.**  DATE: **Click here to enter a date.**

*(your typed name will serve as your signature)*

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_