



STAFF APPLICATION

Last Name	First Name	M.I.
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Street Address: _____ City: _____

State: _____ Zip Code: _____ Gender: M F Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to be notified in case of emergency: _____

Relationship: _____ Contact #: _____

Educational background: Print name, city of each, Degree received, and year

High School: _____

College: _____

College: _____

Internship/Residency: _____

Are you a US Citizen? _____ MI Driver's License # _____

Social Security # _____ Race: _____ (required for background check.)

List three personal references. Do not include relatives or employers.

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Certifications/Licensure:

_____ BCLS* _____ Other (EMT, AEMT, CRT, etc.)

_____ ACLS* _____ Professional licensure (i.e. RN, MD, LPN, etc.)

*Please include a copy of your card or course completion certificate

Have you ever been convicted of anything other than a traffic violation? ___No ___Yes

If yes, please explain _____

Please return this application with a copy of your current license or certification, a copy of your BLS, ALS card, (if applicable), documentation of a current (within 1 year) TB test.

Camp Michi-MAC reserves the right to perform criminal background checks on any and all of its volunteer staff. It is the policy of YMCA Storer camps to have background checks on record for all employees working with children entrusted to their care.



Employment:

Begin with your most recent employer.

Company Name: _____ Dates employed: From _____ To _____

Address: _____ Phone: _____
(city, state, zip)

Supervisor: _____ Job Description: _____

Company Name: _____ Dates employed: From _____ To _____

Address: _____ Phone: _____
(city, state, zip)

Supervisor: _____ Job Description: _____

Company Name: _____ Dates employed: From _____ To _____

Address: _____ Phone: _____
(city, state, zip)

Supervisor: _____ Job Description: _____

Release and Personal certification:

I hereby certify that all statements made by me in answer to the questions contained in this application are correct to the best of my knowledge and recollection. Permission is hereby granted Camp Michi-MAC to solicit and investigate statements from any person or organization with regard to my personal history and prior employment. I understand that inclusion of any false information may be cause for disqualification or subsequent release from my work with Camp Michi-MAC. If chosen to volunteer, I will conscientiously abide by all rules and conditions of my association. Having made application to volunteer, and desiring it to be informed as to my ability, employment character, reputation for honesty, habits and any records of convictions, I hereby authorize it to investigate and to ascertain any and all information which may concern any or all of the foregoing, whether said is of record or not. I hereby release my present and former employers, any city, county or state law enforcement agencies, and all persons whomsoever from any damage resulting from furnishing said information.

Signature: _____

DID YOU INCLUDE COPIES OF LICENSURE/CERTIFICATION AND DOCUMENTATION REGARDING TB TEST????

Please complete and send to:

Winnia Ingram 33051 Green Wing Lane Brownstown, MI 48173

