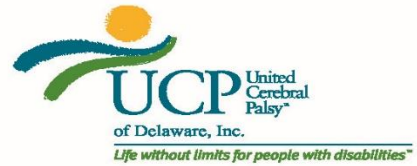


**UNITED CEREBRAL PALSY OF DELAWARE, INC.**  
 3249 MIDSTATE ROAD, FELTON, DE 19943  
 P: 302-335-5626 F: 302-335-5716



**CAMP LENAPE - APPLICATION FOR STAFF & VOLUNTEERS**

**PLEASE PRINT CLEARLY**  
**PLEASE BE SURE TO FILL IN CONTACT INFORMATION**

APPLICANT INFORMATION				TODAY'S DATE _____			
Last Name		First		M.I.	DOB		
Street Address		Apartment/Unit #					
City		State		ZIP			
Phone		E-mail Address					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
<p>What Is Your Availability - Please be as specific as possible. Camp is in session July 6, 2020 – August 14, 2020. Mandatory Orientation – dates to be determined.</p>							
Can you perform the essential functions of the job for which you have applied?				Yes _____ No _____			
(please see attached job description)							
EDUCATION							
High School		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other		Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES							
<i>Please list three references (not relatives) having knowledge of your character, experience, work habits, and ability</i>							
Full Name				Relationship			
Company				Phone			
Address							

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT: (BE SURE TO INCLUDE PREVIOUS CAMP (EXPERIENCE))**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**CERTIFICATIONS: (please supply copy of certification)**

First Aid: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Lifeguard: \_\_\_\_\_ Expiration Dated: \_\_\_\_\_

Other certifications: \_\_\_\_\_

Please list any talents or interests you are willing to share with the campers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Delaware law states that all staff and volunteers who work with children are required to have a background check. Staff and volunteers ages 14-17 must fill out a Summer Camp Conviction History Record & Child Protection Form from The Department of Services for Children, Youth, and Their Families. Staff and Volunteers ages 18 and over will have a background check completed through IntelliCorp.**

**Criminal Record:** Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp and the State of Delaware before any decision is made.) Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I authorize investigation of all statements herein, including any checks of criminal records, national sex offender website and release the camp and all others from liability in connection with same. I give permission to contact all references. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status.

Signature

Date

**IF UNDER 18, HAVE PARENT FILL IN BELOW**

I give permission for my son/daughter \_\_\_\_\_, to do volunteer work with children at Camp Lenape. **I understand that the position of a volunteer is provisional and not guaranteed for the duration.** I understand that my child's work performance will be evaluated by the Director, and their status as a volunteer will be discussed at that time.

Signature

Date

Please send completed application to [ucpde@ucpde.org](mailto:ucpde@ucpde.org).