

SUMMER CAMP STAFF and CIT APPLICATION
Ocala Conservation Center & Outdoor Adventure Camp
 Florida Fish and Wildlife Conservation Commission

* Fill out this form completely. (PLEASE TYPE OR PRINT)

Date of Application _____

Name: _____
Last Name First Name Middle Name

Date of Birth: _____ Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

*E-mail address: _____

Address: _____
Street & Number City State Zip

Do you have a valid driver's license? Yes No A Commercial license? Yes No
 If yes: State _____ License # _____
 Endorsements or Limitations; _____

What position(s) are you applying for? _____

Dates available: From: _____ To: _____

Staff must be available to work all six (6) weeks of summer camp and one week of training; 7 total weeks.

Education:

Level	Year(s)	School	Major / Area of Study	Certificate / Degree Granted
High School				
College				
Other				

Past Employment (List previous two)

Date(s)	Employer	Address/Phone	Type of work	Supervisor	Reason for leaving

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Camp Experience:

Dates	Camp	Director	Address/Phone	Nature of work	Camper or Staff

References: (Give the names/address/phone number of 3 persons, not relatives, having knowledge of your character, experience and ability)

Name	Address (Street, City, State, Zip)	Phone (Area Code) Number

Please circle the "T" if you can teach the activity, circle the "A" if you can assist but do not feel qualified to lead the activity.

Environmental Education	T	A	Swimming	T	A
Camping Skills	T	A	Canoeing/Kayaking	T	A
Outdoor Sports	T	A	Fishing	T	A
Hiking Skills	T	A	Archery	T	A
Wildlife / Animal Care	T	A	Firearm Safety	T	A
Backpacking	T	A	Hunter Safety	T	A
Team Building Activities	T	A	Arts & Crafts	T	A
Singing/Leading Songs	T	A	Story Telling	T	A
Campfire Activities	T	A	Other: _____		

Check the appropriate box if you have the current certification. Please note additional certification(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Wilderness First Aid | <input type="checkbox"/> Hunter Safety Instructor |
| <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Canoe Instructor | <input type="checkbox"/> Archery / Bowhunting Instructor |
| <input type="checkbox"/> Small Craft Instructor | <input type="checkbox"/> Other _____ | |

When are you available for an interview? _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the Camp Director. I also understand that misrepresentation or falsification herein or in other documents completed and submitted may result in dismissal, regardless of the date discovered by the camp.

Signature of Applicant _____ Date: _____

(All statements become part of employee personnel files.)

NOTE: (please provide any additional information in the space below):

Return completed applications to:

Greg Workman, Director
Ocala Conservation Center and Youth Camp
7325 NE 170 Avenue
Silver Springs, FL 34488

FAX: (352) 625-0333

E-Mail: gregory.workman@myFWC.com

Additional information is provided at www.OcalaAdventureCamp.com

“Providing the opportunities to begin friendships that can last a lifetime”