



Foundation for Dreams, Inc.
Dream Oaks Camp
16110 Dream Oaks Place
Bradenton, FL 34212
Office: (941) 746-5659
Fax: (941) 745-1409

Employment Application

Please print or type application:

Date of Application: _____ **Staff Position Desired:** _____

Salary Expected _____ **Available Dates** _____

Name _____
Last name First name Middle Initial

Social Security Number _____ **Email Address:** _____

Present Address _____
Street City, State, Zip Cell and Home Phone (include area code)

Permanent Address _____
Street City, State, Zip Phone (include area code)

Parent/Guardian _____
Name Address Phone (include area code)

Emergency Contact _____
Name Address Phone (include area code)

Accident/Medical Insurance:

Name of Company _____ **Group Number** _____
Dates of Coverage _____

Optional Information:

Age _____ **Date of Birth** _____ **Sex** _____ **Height** _____ **Weight** _____ **Marital Status** _____

Physical health or concerns: _____

ADDITIONAL INFORMATION:

In answering the following questions, include offenses or charges to which a guilty or nolo contendere plea was entered or, if convicted, a sentence of probation was imposed.

Have you ever committed, been convicted of, a violation of the law or forfeited collateral, other than a non-moving traffic violation such as a parking ticket.

Yes No

Are you now under charges for any offense against the law?

Yes No

If you answer "YES" to any of the above questions, please explain: _____

Please note: The fact that you are awaiting trial or have a record of conviction will not necessarily bar you from employment.

Educational History

Name of High School _____ Location _____ Grade completed _____

Name of College/University _____ Location _____ Level completed _____

Degree: yes or no _____ Major: _____

Courses related to Special Populations, children, at risk youth: _____

Camping Experience

Name of Camp(s) _____ Location _____

Number of Years as a Camper _____ Number of Years as Staff _____

Describe Benefits of experience: _____

Credentials or Certifications:

Which of the following activities are you qualified to **instruct?**

- | | | | |
|--|---|----------------------------------|--------------------------------------|
| Archery <input type="checkbox"/> | Outdoor/Nature <input type="checkbox"/> | Music <input type="checkbox"/> | Horseback <input type="checkbox"/> |
| Arts and Crafts <input type="checkbox"/> | Swimming <input type="checkbox"/> | Theatre <input type="checkbox"/> | Field Games <input type="checkbox"/> |
| Canoeing <input type="checkbox"/> | Fishing <input type="checkbox"/> | Skits <input type="checkbox"/> | |

Experience with assisting individuals with activities of daily living:

Which of the following do you have experience in?

Lifting and transferring Feeding Dressing Supervision Toileting

How did you gain this experience?

Special Olympics Babysitting Nursing Home Caring for family member

If you do not have experience, will you be willing to learn? _____

Skill Chart (please check all that apply)

Camping	Sports/Games	Crafts
<input type="checkbox"/> Fire building	<input type="checkbox"/> Tennis	<input type="checkbox"/> Camp Crafts
<input type="checkbox"/> Hiking	<input type="checkbox"/> Basketball	<input type="checkbox"/> Clay
<input type="checkbox"/> Tent Camping	<input type="checkbox"/> Swimming	<input type="checkbox"/> Nature
<input type="checkbox"/> Outdoor Cooking	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Leather
<input type="checkbox"/> Indian Lore	<input type="checkbox"/> Archery	<input type="checkbox"/> Painting
	<input type="checkbox"/> Skits	<input type="checkbox"/> Sketching
Music	<input type="checkbox"/> Story Telling	<input type="checkbox"/> Carving
<input type="checkbox"/> Singing	<input type="checkbox"/> Magic	<input type="checkbox"/> other _____
<input type="checkbox"/> Musical Instrument	<input type="checkbox"/> Puppets	

EMPLOYMENT HISTORY: (List your most recent employment or volunteer experience)

Name of Employer _____ Dates of Employment _____

Address _____ Supervisor _____

Describe position and experience _____

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Address _____ Supervisor _____

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Address _____ Supervisor _____

Describe position and experience _____

_____SIGNATURE OF PARENT/GUARDIAN _____DATE

_____PRINTED NAME OF PARENT/GUARDIAN