



zodiac

Swim & Specialty Camp

STAFF APPLICATION FORM 2010

Please attach (as applicable) a copy of:

1. Birth Certificate or Driver's License; 2. S.I.N. Card; and
3. Student/School Identification Card

Please submit completed application
by mail or fax to:

Zodiac Swim & Specialty Camp

160 Steeprock Drive
Toronto, ON M3J 2T4
Fax: 416 789-5525

FOR OFFICE USE ONLY:

Date Application submitted _____

Date of Interview _____

Salary _____

Dates of Employment _____

Position _____

Questions?

Phone: 416 789-1989 ext. 252 E-mail: info@zodiaccamp.on.ca Website: www.zodiaccamp.on.ca

CAMP(S) APPLYING FOR (check applicable boxes): Nov. 9-13 Mar. 8-19 Summer 2010

POSITION APPLYING FOR: Counsellor Swim Instructor Specialist (coach/teacher) Office

PERSONAL HISTORY

Last Name: _____ First Name: _____

Address: _____ Home Phone: _____

City: _____ Cell Phone: _____

Postal Code: _____ E-Mail: _____

M / F (please circle) _____ Birth Date: _____

Social Insurance Number: _____

EDUCATION (year you are in during the 2009-2010 school year):

High School Student: GRADE: 9 10 11 12 SCHOOL _____

College / University Student: YEAR: 1 2 3 4 SCHOOL _____

Will you be returning to school in Fall 2010? (please circle) YES NO

If graduated, please list school and year graduated: _____

Occupation if not a student: _____

EXPERIENCE & QUALIFICATIONS (please attach a copy of all current/relevant qualifications)

Please insert either a “1”, “2”, or “3” on the line next to every activity/area listed below based on:
 “1” – you are able/willing to participate or you have some skills/interest (virtually every area should be at least a “1”);
 “2” – you are proficient/experienced (i.e. “pretty good”);
 “3” – you are qualified/have expertise to teach or lead (i.e. certified, qualified, experienced, etc.)

WATERSPORTS

- Red Cross Swim Kids Program
- Advanced Certifications (eg Bronze)
- Competitive Swimming
- Aquafitness
- Synchronized Swimming
- Water Polo
- Skin Diving

SPORTS

- Tennis
- Basketball
- In-Line Skating
- Ice Hockey
- Baseball
- Soccer
- Volleyball
- Aerobics
- Fitness
- Cooperative Games
- Track & Field
- Golf
- Gymnastics
- Football
- Rock-Climbing
- Skateboarding
- Figure Skating
- Boxing
- Horseback Riding

PERFORMING ARTS

- Dance
- Musical Theatre
- Musical Instruments
 - Piano _____
 - Guitar _____
 - Other _____
- Mime
- Drama Workshops
- Circus Arts
- Puppetry

VISUAL ARTS

- Arts
- Crafts
- Ceramics/Pottery
- Film & Video
- Graphic Arts
- Photography
- Cooking
- Sewing
- Jewellery Making
- Cartooning / Animation
- Other

CHILDREN

- Ages 2.5-4.5
- Ages 4.5-6.5
- Ages 6.5-9.5
- Ages 9.5-12.5
- Ages 12.5-15.5

LEADERSHIP SKILLS

- Discussion Group
- Story Telling
- Special Programming
- Camp Wide Programming
- Rainy Day Programming
- Leadership/C.I.T. Programs

SCIENCE & NATURE

- Computer (IBM/Mac)
- Internet
- Nature
- Orienteering
- Team Challenge
- Adventure Racing
- Environment/Ecology
- Robotics
- Animal Care
- Science
- Rocketry
- Martial Arts
- Magic

OTHER

- Secretarial / Office
- Supplies / Maintenance
- Cafeteria
- Transportation
- Special Needs
- Nursing (list qualifications below)
- First-Aid (list qualifications below)

Please provide any details (in space provided below) as to significant teaching/leadership experience and qualifications (if any) you have in the area(s) indicated above:

ACTIVITY/AREA	TEACHING/STAFF EXPERIENCE	QUALIFICATIONS

If the above areas are insufficient, please feel free to use additional paper.

REFERENCES FOR CAMP JOB EXPERIENCE (if any)

CAMP NAME	YEARS ATTENDED	POSITION	DIRECTOR'S NAME	PHONE NO.

OTHER JOB/PERSONAL REFERENCES (e.g. jobs, teachers, babysitting, personal (not family members), etc.)

PLACE OF EMPLOYMENT/ WHERE YOU INTERACTED	REFERENCE'S NAME (please also indicate their relationship to you, i.e. supervisor, teacher, etc.)	PHONE NO. / E-MAIL ADDRESS	DATES OF EMPLOYMENT/ INTERACTION

CAMP EXPERIENCE - AS A CAMPER (if any)

CAMP	YEARS ATTENDED

CHILD ABUSE AND CHILD MOLESTATION

This has become a highly volatile and sensitive issue in the law courts of North America. Our parents, along with all of the staff, want to be sure that our campers have a safe and enjoyable time at camp. Please help us by answering the following question:

Have you ever been convicted of child abuse and/or a related offence?

YES NO

YOUR BELIEFS AND IDEAS (Please feel free to use additional paper)

What do you think your most important contributions would be if you worked at our Camp?

How would working at Zodiac benefit/enhance your personal growth/experience?

What do you think are the most important factors in making a camp a safe and enjoyable experience for children?

Please use this space to tell us anything else about yourself that might be helpful in assessing your application. The more information you can give us the better.

Circle AM, PM or FULL for the dates you are interested in working:

NOVEMBER:	Mon 9 th AM PM FULL	Tues 10 th AM PM FULL	Wed 11 th AM PM FULL	Thurs 12 th AM PM FULL	Fri 13 th AM PM FULL
MARCH:	Mon 8 th AM PM FULL	Tues 9 th AM PM FULL	Wed 10 th AM PM FULL	Thurs 11 th AM PM FULL	Fri 12 th AM PM FULL
	Mon 15 th AM PM FULL	Tues 16 th AM PM FULL	Wed 17 th AM PM FULL	Thurs 18 th AM PM FULL	Fri 19 th AM PM FULL
SUMMER:	July 5-August 20 (7 wks)		July 5-July 30 (4 wks)		July 5-August 13 (6 wks)

Salary Expectation (for 7 week summer camp season-not hourly wage): _____

The above information is true and correct. The undersigned authorizes Zodiac at its discretion, to contact listed references and/or former camps (as applicable) and/or to conduct a criminal reference check.

Date: _____

Signature of Applicant: _____

Upon receipt and review of your completed application, you may be contacted for an interview. Thank you in advance for your interest in **Zodiac Swim & Specialty Camp**.

Ellen Howard/ Rick Howard,
Camp Directors