



30500 Brantley Branch Road  
 Eustis, Florida 32736  
 Phone: (352) 483-4200 Fax: (352) 483-0358  
 E-mail: staff@boggycreek.org  
 Website: www.boggycreek.org

## STAFF APPLICATION

This application is for a PAID position only. If you are interested in volunteering, please fill out our Volunteer Application.  
 (please type or print all information)

All applicants must be at least 19 years of age.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Male  Female

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### How did you hear about Camp Boggy Creek? (Please be specific.)

- |  |  |
|--|--|
| <input type="checkbox"/> Internet- which site? _____ | <input type="checkbox"/> University/Organization _____ |
| <input type="checkbox"/> Former Staff Member _____   | <input type="checkbox"/> Newspaper/Magazine _____      |
| <input type="checkbox"/> Former Volunteer _____      | <input type="checkbox"/> Other _____                   |

Have you ever volunteered at Camp Boggy Creek? Yes  No  If yes, when? \_\_\_\_\_

Have you applied at (or are you going to apply at) any other camps in the Hole in the Wall Association for the upcoming summer? If so, please mark which one(s):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> The Hole in the Wall Camp | <input type="checkbox"/> The Victory Junction Gang        | <input type="checkbox"/> The Painted Turtle |
| <input type="checkbox"/> Barretstown Gang Camp     | <input type="checkbox"/> Double H Hole in the Woods Ranch | <input type="checkbox"/> Other _____        |

Have you ever worked or volunteered at another camp in the Hole in the Wall Association? Yes  No

If yes, worked  volunteered  at this camp \_\_\_\_\_ this year \_\_\_\_\_

What position(s) are you applying for? Please mark appropriate box(es):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Activity Staff*       | <input type="checkbox"/> Kitchen                  | <input type="checkbox"/> Office Administration  |
| <input type="checkbox"/> Cabin Counselor       | <input type="checkbox"/> Housekeeping/Maintenance | <input type="checkbox"/> Leader In Training [Young Adults<br>ages 17-18 yrs. with prior Boggy Creek experience] |
| <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Other _____              |   |

\*If you are applying for activity staff position, please specify area(s) by circling:

Archery, Arts & Crafts, Boating & Fishing\*\*, Cooking, Science/Discovery Zone, Equestrian, Music, Nature, Pool\*\*, Ropes Course/Team Building, Theatre, Woodworking, Video & Photography. (\*\*require lifeguard certification.)

Are you currently certified in any of the following? Please attach a copy of the certificate.

- First Aid  CPR  Lifeguard  Water Safety Instructor  Ropes Course  Equestrian

Expiration dates: \_\_\_\_\_

Do you have any other certifications or professional licenses (nursing, teaching, etc.)? Yes  No

Name of license or certification \_\_\_\_\_

Do you speak or read any languages other than English? How fluent are you?

Language: \_\_\_\_\_ Level of fluency: reading \_\_\_\_\_ / speaking \_\_\_\_\_

Staff members are often called upon to share their talents with camp, whether it is telling stories, playing a funny character in a skit or leading a group activity. Which of the following talents would you be comfortable sharing with camp? Please mark the appropriate box(es):

- Storytelling                       Group Game-Leading/Facilitation       Performing (characters, comedy, etc.)  
 Singing/Song-Leading               Musical Instrument(s) \_\_\_\_\_  
 Other gifts or talents \_\_\_\_\_

**Please answer the following questions in the space allotted:**

How would a summer camp experience be important for children with chronic and life-threatening illnesses?

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What are the most important characteristics camp must have in order to thrive? \_\_\_\_\_

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Who are you? \_\_\_\_\_

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**Your employment will be contingent on positive references, criminal background check, and completion of comprehensive medical history/physical forms.**

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## EDUCATION

Please give name and city of:

Years Attended

Degree/Area of Concentration

High School

College

Graduate School

Other Education

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## EMPLOYMENT EXPERIENCE (Please attach resume, if possible.)

### Present Employer:

Company/Organization: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Your Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Employed since: (month,year) \_\_\_\_\_

### Immediate Past Employers:

Company/Organization: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Your Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Dates of Employment: (month,year) \_\_\_\_\_

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## VOLUNTEER AND COMMUNITY SERVICE EXPERIENCE

Organization: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Your Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Nature of work: \_\_\_\_\_ Time Period: \_\_\_\_\_

Organization: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Your Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Nature of work: \_\_\_\_\_ Time Period: \_\_\_\_\_

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## REFERENCES (Please provide *at least* three references other than friends or relatives.)

1) Former Employer/Supervisor: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

2) Present Employer/Faculty Member/Dean: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

3) Former Camp Supervisor or additional school advisor: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

4) Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

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## IMPORTANT GUIDELINES FOR ALL CAMP BOGGY CREEK STAFF

The following are prohibited on camp property:

Smoking  
Alcoholic Beverages  
Illegal Drugs

Camp work is demanding and requires:

Long hours      Limited time off  
Curfews        Lack of privacy  
Florida heat     Pets to be left at home  
Thunderstorms

*No one is to return to camp having consumed drugs or alcohol of any kind while camp is in session.*

**Are you willing to work under these conditions:**  Yes  No If **no**, please explain: \_\_\_\_\_

**Can you safely lift 50 pounds?**  Yes  No

### BACKGROUND INFORMATION

1. Have you ever been convicted, plead guilty, plead no contest or had adjudication withheld on any misdemeanor or felony charge? Yes  No
2. Are there criminal charges currently pending against you? Yes  No   
If so, in what state and/or county? \_\_\_\_\_
3. Have you ever had any license, certificate or employment suspended, revoked, terminated, or adversely affected? Yes  No   
If **yes** to any of the questions above, provide a full description including dates and circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you have applied? Yes  No  If **yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination.**

### APPLICANT'S CERTIFICATION AND AGREEMENT

**Please read carefully and sign below.**

I, \_\_\_\_\_, hereby authorize Camp Boggy Creek to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal violations. This information will include, but not be limited to, allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of this state or any state or federal government to the extent permitted by state and federal law.

I hereby authorize all persons, public agencies, courts, schools, employer companies and corporations to supply to Boggy Creek verification of the information provided in my application, including without limitations, evaluations of my prior performances, and I release them from all liability from their doing so.

The above statements are true and complete to the best of my knowledge.

Upon the offer of a paid position, I understand that I must supply the camp with an updated medical evaluation to be forwarded by my physician.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application. The digital (computer-typed) signature below should be considered as a legally-binding hand-written signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Camp Boggy Creek is an Equal Opportunity Employer. All applicants are screened without regard to age, race, religion, sexual orientation, creed, national origin, ethnic background, medical condition or disability.*

**Camp Boggy Creek is a smoke-, drug-, and alcohol-free facility.**

**Camp Boggy Creek**

**BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_, hereby authorize **CAMP BOGGY CREEK** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizational and all public records for the purpose of confirming the information contained on my application and or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with **CAMP BOGGY CREEK**. *NOTE: Camp Boggy Creek will not investigate the credit history of any applicants for volunteer or summer positions.*

I release **CAMP BOGGY CREEK** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant/Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number\*

\_\_\_\_\_  
Date of Birth

**By checking this box, I attest that the digital (computer-typed) signature above will be considered as a legally-binding hand-written signature when submitted electronically through email.**

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. **Camp Boggy Creek** is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

**IMPORTANT: When filling out background check form, please do not include any previous addresses prior to the age of 18**

**MN & Oklahoma Resident please note:** In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

\_\_\_ YES, I am a Minnesota resident and would like a free copy of my consumer report.

\_\_\_ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Employer please note:** If a Minnesota or Oklahoma resident checks "YES", and you do request a consumer report, please fax this form to Secure Point at 800-256-5876.

Account Number: \_\_\_\_\_

CS Note: Corresponding Request submitted electronically.



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# The Boggy Creek Gang, Inc.

## Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

### Previous Addresses...Most Recent First

City

State

ZIP

City

State

ZIP

City

State

ZIP

City

State

ZIP

Client Name (Requester)

Account

Location Code

Voice Telephone Number

Extension

FAX Telephone Number

SSN Trace->

Credit->

Employment->

S.O. Registry->

(All states listed except FL)

MVR->

County Criminal->

Education->

Professional License->

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**The FCRA gives several different federal agencies authority to enforce the FCRA:**

**FOR QUESTIONS OR CONCERNS REGARDING:**

**PLEASE CONTACT:**

CRAAs, creditors and others not listed below

Federal Trade Commission  
Consumer Response Center - FCRA  
Washington, DC 20580  
202-326-3761

National banks, federal branches/agencies of foreign banks  
(word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219  
800-613-6743

Federal Reserve System member banks (except national banks,  
and federal branches/agencies of foreign banks)

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551  
202-452-3693

Savings associations and federally chartered savings banks (word  
"Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552  
800-842-6929

Federal credit unions (words "Federal Credit Union" appear in  
institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314  
703-518-6360

State-chartered banks that are not members of the Federal  
Reserve System

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429  
800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil  
Aeronautics Board or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590  
202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator - GIPSA  
Washington, DC 20250  
202-720-7051