The Hiram House

Established 1896 - Cleveland, OH

"The mission of Hiram House is to enrich the lives of children through camping. We provide the youth of our community with an opportunity to live, play and learn in an environment that is racially, ethnically and socio-economically diverse. Hiram House is committed to promoting family values, building character and opening new horizons for youth"

Counselor-in-Training Application

Today's Date:_____/_____/_____ Age:_____

Last Name

First Name **Middle Initial**

PERMANENT ADDRESS:

Street

City State Zip Code

Phone Cell Phone

Email Address

CERTIFICATIONS: (check those you will have in effect by the beginning of camp)

__ A.R.C. First Aid __CPR (__Child __Adult)

__Life Guarding __A.R.C. Babysitting & Child Care Training

EDUCATION: List the last two schools you have attended or are attending.

School (city, state)	Current Grade

Please list any achievements or recognitions you received during your academic career:

_____

_____

Please list any extracurricular activities you have been involved in and any specialized courses you have taken that would be of benefit to camp: _____

_____

_____

What experience, if any, do you have working with younger children? _____

_____

_____

_____

CAMP EXPERIENCE: List camps you have attended

Dates	Camp (City, State)	Director While Attending Camp

CAMPING SKILLS: List activities in the following areas that you have had experience in or that you feel you can teach.

Outdoor Skills:_____

_____

Creative Arts:_____

_____

Sports/Waterfront:_____

_____

Natural Sciences:_____

_____

Other:_____

_____

REFERENCES: List three references who you will ask to fill out a form regarding your work ethic, character, and ability. Recommended to ask teachers, coaches, or other adults in your life. Please do not use parents/guardians or friends.

_____ (_____)_____ (_____)_____

Name, Company and Position Home Phone Work Phone

_____ _____ ____ _____

Address City State Zip Code

_____ (_____)_____ (_____)_____

Name, Company and Position Home Phone Work Phone

_____ _____ ____ _____

Address City State Zip Code

_____ (_____)_____ (_____)_____

Name, Company and Position Home Phone Work Phone

_____ _____ ____ _____

Address City State Zip Code

I authorize investigation of all statements contained within this application 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, that the employee or employer is free to terminate the agreement at any time and for any or no reason, and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of time of discovery by the camp. I further give permission, in accordance with the laws of the State of Ohio, to be fingerprinted and undergo a criminal background investigation, and to undergo any legal drug or physical tests required by the employer.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Parent/Guardian Date