

CAMP WOODBROOKE Simple Living Close to Nature

Richland Center, Wisconsin

Returning Staff Application - 2019

We are glad that you would like to return to Camp Woodbrooke again. Please complete the application below including the Voluntary Disclosure Form that must be completed each year. 'Returning' means worked at Camp Woodbrooke as a counselor during 2017 or 2018. Otherwise please fill out the New Staff Application. Please email the completed application to us at office@campwoodbrooke.org

Name	Gender Ce		Cell Ph	ell Phone	
Email(s)		Do yo	ou check email reg	gularly? Yes	s No
Present street address					
City St	ate Zip	Present Phone	1	Until(date) _	
Permanent street address					
City	_ State Zip	Perr	manent Phone		
When is the best time to reac	h you by phone? _				
Do you have any problems w (Note: Cabin Counselor - 6/8 - 8/				Yes 🗖	No 🗖
Do you agree to abstain from	all smoking and u	se of alcohol on the can	np property?	Yes □	No □
Do you agree to refrain from	any use of illegal of	drugs this summer?		Yes □	No □
What type of position do	you want?				
		en Coordinator Counsel	or \square Tec	en Trip Cour	nselor
Certifications Please give the expiration d YOUR APPLICATION. C camp. NOTE: Current certif	<i>ircle</i> the names of ication in Standard	f any that you are <i>inter</i> I First Aid & CPR is red	<i>rested in taking o</i> quired. It's the ap	<u>r plan to tak</u>	<u>e prior to</u>
to obtain certification prior to	the camp season	and remain current duri	ing employment.		
CPR for the P Wilderness Fi Wilderness Fi	Aid ot	Adult	Teaching License ACA OLS Leade Archery Instructor Canoe Instructor Bloodborne Path Mandatory Repo	er or ogens orter)
ARC Lifeguar	d Training afety Instructor				

Please answer each of the following questions	s (Use additional paper if you would like):
1. Why do you want to work at Camp Woodbroo	oke this year?
2. What things do you feel you would do differen	itly this year?
3. What would you like the camp to do differentl	ly?
3. What specific projects would you like to do? _	
withheld any information that might, if disclosed, af certificate of satisfactory physical examination with employment. I understand that I am responsible for employment and must be current through the duration	obtaining first aid and CPR training prior to the start of on of employment. I am aware that a criminal background sentation or omission of facts on this application may be
Signature of applicant	Date
Return this completed and signed application for	m to:
Camp Woodbrooke, 1704 Rol	berts Ct., Madison, WI 53711-2029
Be sure to include: Voluntary Disclosure Form Copies of any certification ce	ertificates

Voluntary Disclosure Statement All Camp Staff **FM** 16

Mail this form to the address below by _ (date) Camp Woodbrooke 1704 Roberts Ct Madison, WI 53711

Name			Birth date			
Last	First	Middle				
Home address	Street Address	City			State	Zip
Social Security #	Other n	ames by which kno	own (e.g., maio	den name) .		
Home phone		Business phor	e (if applicable	e)		
Cell phone (optional)	E-ma	il address (optiona)			
School or College						
Address					State	Zip
Oriver's License #		State	_ Expiration D)ate		
I. Previous residence(s) for la	ast five years (include co	ollege and home re	sidences):			
City			State	Years _		
City			State	Years _		
City			State	Years _		
City			State	Years _		
(Continue on separate sl	heet, if necessary.)					
2. N/A						
Have you ever been convict conduct with them?	cted of any crime relating	g in any manner to	children and/c	or your	Yes	No
If yes, please explain: (Use	a separate sheet, if ned	cessary.)				
4. Have you ever been convic	-	•	o, those listed	below		
and/or any crime similar in	•				Yes	No

- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
 Distribution and trafficking of narcotics or other controlled substances
 Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)		_
5. Have you ever been adjudged liable for civil penalties or damages involving physical abuse of children? If yes, please explain: (Use a separate sheet, if necessary.)	ng sexual or Yes No	
6. Are you now or have you ever been subject to any court order involving s abuse of a minor, including, but not limited to a domestic order or protecti If yes, please explain: (Use a separate sheet, if necessary.)		0
7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? If yes, please explain:	Yes No	
I understand that:	o of guestions 2.7. If hired and the	
a) The camp may deny employment to any person who answers "yes" to any one employer later discovers circumstances that would indicate a "yes" answer to may be terminated immediately.b) The information provided on this form is subject to verification, which may include and request from any Central Registry of child abusers. (A separate release for the camp of the camp of	any of the above questions, employment ude a criminal history check	
 c) The camp may terminate employment or volunteer service of any person if the of when discovered, to: have a history of complaints of abuse of a minor; have resigned, been terminated, or been asked to resign from a position to complaint(s) of sexual abuse of a minor; and/or have falsified or omitted information in this disclosure statement. 	at person is found, regardless	
d) This disclosure statement must be updated yearly and immediate notification		d changes
Signature	Date	
Signature of Minor's Parent or Guardian	Date	_