

BRYANT POND 4-H CAMP AND LEARNING CENTER

Returning Field Staff Application

Name			Date			
First	Middle	Last				
Help us keep	your contact info	ormation updated	l :			
Current Add	ress	Until when?				
Permanent A						
Current Phone E-Mail Address			 P	ermanent Phone		
Position Desir Updated Edu	ed cation Information		e your date	es of availability?		_
		High School 3 4 Colle				
	School Name, City	, and State	Cours	e of Study/Major	Graduated	Degree Received
High School					Yes []No []	
College					Yes []No []	
Other					Yes []No []	
			fety Officer	will hold by the start of Archery, and Ropes C		EMT, WFR, Basic First Aid Exp. Date
	1		мрорта	NT - DI EASE NOTE		ı

- If you are offered a position at the Bryant Pond 4-H Camp, we will need your signature authorizing a criminal background check.
- Camp policy requires all staff to have a physical exam within 24 months prior to arrival on campus and to hold Adult and Child First Aid and CPR certifications. Training is provided.
- Alcohol, tobacco, and tobacco product use are forbidden on campus, even if the employee is of the legal age to partake in these substances. Tobacco use is limited to personal time, off campus, and not in view of students.
- Alcohol is not allowed at Bryant Pond.



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Statement of Purpose

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may, at the discretion of the Bryant Pond 4-H Camp, disqualify me from employment, or cause my dismissal. I hereby authorize Bryant Pond 4-H Camp to make a thorough investigation of my past employment and activities. I release from liability Bryant Pond 4-H Camp, former employers, The University of Maine, or any persons supplying such information. The language in this application is not intended to create, nor is it to be misconstrued to constitute, a contract of employment.

Signature:	Date:					
YOU ARE WELCOME TO ATTACH AN UPDATED RESUME, NEW REFERENCES, OR OTHER ADDITIONAL INFORMATION.						