



321 East Ohio Street, Marquette MI 49855
PH: 906.226.5149 FAX: 906.226.5168
www.maresa.org

January 25, 2017

Dear U.P. Sports Training Camp Applicant,

The U.P. Sports Training Camp is presently accepting applications for the position of Counselor. The camp is scheduled for August 14-19, 2017 at Bay Cliff Health Camp, Big Bay, MI. There is a stipend of \$250 for the position. Counselors & staff must be at least 18 years of age.

There is a parent / athlete information meeting on the evening of August 10th that staff are invited to attend. **Camp staff are expected to attend the orientation and training program on August 14, starting in Marquette and continuing at Bay Cliff Health Camp.**

Since staff size is contingent upon athlete / camper registration, staff selection may not be finalized until mid July. *If your plans should change regarding your availability to work as staff, please notify me as soon as possible!*

Enclosed are the following items:

- ✓ Staff Application
- ✓ Staff Health Record
- ✓ Counselor Job Description

Please complete and return all forms, except the Counselor Job Description, and save the dates until you are contacted.

Thank you for your interest.

Étienne Senker
Camp Director
906.250.1941
upsportstrainingcamp@gmail.com

<http://upsportstrainingcamp.maresa.org>

U.P. Sports Training Camp

**U.P. Sports Training Camp
Staff / Volunteer Application**
August 14-19, 2017

Name: _____

Mailing Address: _____

Cell: _____ Other Phone: _____

E-mail: _____

Permanent Address: _____ Phone: _____

Position of Interest: _____

Do you have any physical, mental, or medical limitations or restrictions that may impair your ability to perform the duties of the position for which you are applying? (circle one) Yes No

If yes, are there any accommodations that could assist you in the performance of your duties?

Why do you want to work at a summer camp for special needs youth?

What strengths would you bring to the position and to the camp?

Based on your personal experiences, what do you think is most important to be successful as a camp counselor for special needs youth?

EDUCATIONAL HISTORY

Name of High School	Years Completed (circle one)	Major
	Freshman Sophomore Junior Senior	
Name of College or University	Years Completed Degree Major	Related Coursework
Special Schools / Workshops		
Professional Organizations		

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CAMPING EXPERIENCE

Name of Camp/Location	Position	Yrs. Camper	Yrs. Staff

RED CROSS (or equivalent) CREDENTIALS

Certification		Date Expires
First Aid Certificate		
CPR – Cardiopulmonary Resuscitation		
Life Guard Training		
Water Safety Instructor		

MILITARY SERVICE

Branch of Service: _____ Date of Entry: _____
 Type of Discharge: _____ Date of Discharge: _____
 National Guard / Reserve Status: _____

SKILLS

Put “T” by those activities you can organize and teach. Put “A” for those activities in which you can assist in teaching. Put “E” for those activities with which you have experience as a hobby.

- | | | |
|---------------------|-----------------------|---------------------------|
| _____ Arts & Crafts | _____ Gymnastics | _____ Recreation |
| _____ Astronomy | _____ Ham Radio | _____ Scouting |
| _____ Basketball | _____ Horseshoes | _____ Song Leader |
| _____ Bocce Ball | _____ Kayaking | _____ Story Telling |
| _____ Boating | _____ Leather Work | _____ Swimming |
| _____ Canoeing | _____ Nature | _____ Tennis |
| _____ Card Games | _____ Needlecraft | _____ Track and Field |
| _____ Ceramics | _____ Outdoor Camping | _____ Typing |
| _____ Computers | _____ Skills | _____ Volleyball |
| _____ Dancing | _____ Painting | _____ Weather Forecasting |
| _____ Dramatics | _____ Puppets | |
| _____ First Aid | _____ Poly Hockey | |

Other: _____

Musical Instruments Played: _____

Hobbies/Interests Not Mentioned Above: _____

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OCCUPATIONAL HISTORY

List positions held, starting with your most recent and working in reverse chronological order.

Employer Name	Employer Address	Title / Description of Position	From / To	Reason For Leaving

Have you ever received disciplinary action at work or been released from employment for disciplinary or other reasons? (circle one) Yes No If yes, please explain:

THREE REFERENCES (Not Relatives)

1. Name:		Relationship:
Address:		
Telephone:		
<i>For Camp Use Only:</i> Reference Check <input type="checkbox"/> Camp Director Initials		
2. Name:		Relationship:
Address:		
Telephone:		
<i>For Camp Use Only:</i> Reference Check <input type="checkbox"/> Camp Director Initials		
3. Name:		Relationship:
Address:		
Telephone:		
<i>For Camp Use Only:</i> Reference Check <input type="checkbox"/> Camp Director Initials		

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1. Do you use illegal drugs? (circle one) Yes No
2. Have you ever been convicted of a criminal offense? (circle one) Yes No
3. Have you ever received a conviction/been charged for neglect, abuse, or assault? (circle one) Yes No
4. Has your drivers license ever been suspended or revoked in any state or have you had 3 moving violations within the last 3 years? (circle one) Yes No

If yes, please explain _____

TRUTH OF STATEMENTS AND AUTHORIZATION FOR REFERENCES

The information I have given in this application is true and complete to the best of my knowledge. I hereby authorize Marquette-Alger RESA (MARESA) to contact references, past or present employers, persons, schools, law enforcement agencies, and any other source of information that may be relevant to my application for employment. I release MARESA, past or present employers, and others from liability in connection with the same. I may be dealing with confidential information, and I agree to keep said information in strictest confidence. I grant MARESA permission to use my photo, likeness, voice, and words in television, radio, film, or in any form to promote activities for the U.P. Sports Training Camp. I also understand that, if employed, any untrue, misleading or omitted information may result in my dismissal. If there are any changes in the information, I will inform MARESA. *I have read, understand and agree to the above statements.*

Notice: Applicants being considered for a camp position must complete a *Livescan Fingerprint Background Check* or *iChat* paid for by Marquette-Alger RESA, and a *DHS Request for Central Registry Clearance* that is free of charge.

Signature: _____ Date: _____

Name (please print): _____

Maiden / Previous Name(s): _____

Social Security Number: _____

Birthdate: _____ Drivers License No.: _____

Date Photo ID Verified: _____ *Camp Director Initials:* _____

T-shirt Size (circle one): XS S M L XL 2XL 3XL

Please return application to: Étienne Senker, Camp Director
MARESA, 321 East Ohio Street
Marquette, MI 49855

E-mail: upsportstrainingcamp@gmail.com
Phone: 906.250.1941
Fax: 906.226.5168
<http://upsportstrainingcamp.maresa.org>

Staff / Volunteer Health Record 2017

Name: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

Date of Birth: _____

In Case of Emergency Contact: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Allergies – Please list (drugs, asthma, insect stings, etc.)

Do you smoke? Yes No **Do you use smokeless tobacco?** Yes No

If yes, will an environment that *prohibits* the use of tobacco products be a problem for you?

Yes No

Medications – All medications must be turned into the Health Office upon arrival. Camp health staff will administer all medications.

Medications	When Administered
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Restrictions (specific activities to be restricted) _____

Special Diet _____

Other Restrictions _____

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Do you currently have any infectious diseases? (*circle one*) Yes No

If yes, please provide details _____

Name of personal Physician: _____

Address of personal Physician: _____

Phone number of personal Physician: _____

Health Insurance Company: _____

Policy #: _____

I certify that the above information is true to the best of my knowledge:

Signature: _____ Date: _____

Name (please print): _____

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Counselor Job Description

1. Attend orientation and training program and become knowledgeable in areas that are essential to the health and safety of all staff and special needs athletes, including: safe handling of equipment, supervision, etc.
2. Assist assigned athletes who need help with basic needs while at camp. This may include personal hygiene needs such as brushing teeth, shaving, showers, toilet needs, dressing and undressing.
3. Assist athletes with use of braces, wheelchairs, etc.
4. Assist with eating and ambulation when needed.
5. Assist other counselors and athletes when needed.
6. See that the assigned athletes get to and from activities on time.
7. Participate in activities with athletes (swimming, arts & crafts, recreation, etc.).
8. Be responsible for the health and safety of every athlete, especially those assigned to you.
9. Assist Camp Health Professionals, whenever necessary, with athlete's needs.
10. Report any accidents, signs of illness or fatigue to the Camp Director or Camp Health Professionals.
11. Attend staff meetings when requested.
12. Work under the supervision of the Camp Director, Lead Counselor, and Camp Health Professionals.
13. Focus on athletes at all times. Their needs and safety come first.
14. Assist with keeping the living unit clean. Assist with final clean-up at the end of camp (including activity areas, athletes' quarters, commons areas, and personal quarters).
15. Assist with any other duties that may be assigned by the Camp Director or Lead Counselor.