

Date Received: \_\_\_\_\_  
Year: \_\_\_\_\_  
Note: \_\_\_\_\_  
Salary: \_\_\_\_\_

# Pine Tree Camp

## A program of Pine Tree Society 2010 Returning Staff Application Update

**PLEASE RETURN TO:**  
Dawn Willard-Robinson  
Pine Tree Camp Director of Programs  
PO Box 518  
Bath, ME 04530  
Fax: (207) 44301070

*After May 15, please return to:*  
Dawn Willard-Robinson  
Pine Tree Camp Director of Programs  
114 Pine Tree Camp Rd  
Rome, ME 04963  
Fax (207) 397-5324

Please type or print

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

**Permanent Mailing Address:** \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**School Mailing Address: (if different from above):** \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Person to contact in the case of an emergency:**

Name and Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Year Graduating: \_\_\_\_\_ Major: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduating: \_\_\_\_\_ Major: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Earliest date you're available for employment: \_\_\_\_\_

Have you worked at another camp: \_\_\_\_\_ Where and when: \_\_\_\_\_

**Certificates:** List current certificates that you hold (i.e. Water Safety Instructor (WSI) or equivalent, Trip Leader, Lifeguard, Small Craft Operator, CPR, First Aid, Adapted Aquatics, Kayaking, RN, LPN, etc.)

Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Work Experience:** Additional experience since last summer

Company/Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Have you been convicted of a criminal offense? If yes, please explain:** \_\_\_\_\_

**Any other updates that you would like to share:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the Pine Tree Society for Handicapped Children and Adults, Inc. to conduct a reference and/or background check. This is for the expressed purpose of determining my qualifications and verification of facts contained in my application for employment.

Signature of applicant: \_\_\_\_\_ Application Date: \_\_\_\_\_