

# STAGE DOOR CONSERVATORY - STAFF APPLICATION

Date of Application \_\_\_\_\_ How did you hear about Stage Door? \_\_\_\_\_

Have you ever been on staff with SDC before? \_\_\_\_\_ When? \_\_\_\_\_  
*If yes, please complete front and back of application only.*

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Present Phone Number (\_\_\_\_\_) \_\_\_\_\_ Until? \_\_\_\_\_

Permanent Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Are you under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

**IMPORTANT!** Have you ever had chicken pox? If yes, when? \_\_\_\_\_ *(If no, you must call our office immediately.)*

Have you worked at a medically supervised camp before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, when, and describe your role:

\_\_\_\_\_

Did you include your resume? Yes \_\_\_\_\_ No \_\_\_\_\_

What sessions are you available? See attached sheets for dates.

Kids On Stage \_\_\_\_\_ On Broadway \_\_\_\_\_ Teens On Stage \_\_\_\_\_ Backstage \_\_\_\_\_

**What position are you applying for?** Please mark appropriate space:

## Summer Staff

\_\_\_\_ Camp Assistant  
\_\_\_\_ Director (KOS, TOS, OB)  
\_\_\_\_ Choreographer  
\_\_\_\_ Music Director  
\_\_\_\_ AA Director

## Weekly Volunteer Staff

\_\_\_\_ Counselor  
\_\_\_\_ Program Assistants

If you are applying for a program position, please specify which position: \_\_\_\_\_

**REFERENCES** *(Names & phone numbers of at least 3 persons having knowledge of your character, experience and ability.)*

Former Employer or Supervisor: \_\_\_\_\_

Former Employer or Faculty Member or Dean: \_\_\_\_\_

Former Camp Supervisor or additional School Advisor: \_\_\_\_\_

Someone (Not a relative) who has known you for more than 5 years:

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to you \_\_\_\_\_

All information will be held confidential, unless specified otherwise. Office Use Only: Date references checked \_\_\_\_\_

What do you think are the most difficult aspects of this position?

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Why do you want to work with children who have life-threatening illnesses?

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List any other experiences you have had working with children?

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### **OUR GOAL**

Our goal is to provide a complete camping experience for all of our campers. To aid us in accomplishing this goal, we ask all of our applicants to inform us if they have any disabilities or impairments. We use this information to establish appropriate staffing levels and ensure that potential accommodations are available. Accordingly, please note any impairments or disabilities:

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### **WHAT ARE YOUR SKILLS?**

Please list any skills or talents you have in the following activities: outdoor recreation, music, leadership, sports, theatre, arts & crafts, dance, water sports, nature education, archery or photography.

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If you have ever taught any of these skills to children or young adults, please describe experience.

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Please describe any experience mentoring, counseling or leading group discussions on topics such as grief & loss, forming goals or team building?

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Would you feel comfortable leading or assisting in the facilitation of any of these activities or discussion topics for Stage Door Conservatory? Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

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## Employment History

### Present Employer

Employer's Name: \_\_\_\_\_

Your Position/Duties:

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Employed since: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_

### Immediate Past Employer

Employer's Name: \_\_\_\_\_

Your Position/Duties:

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Employed since: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_

## Education

Name & City of School	Year Attended	Diploma/Degree	Focus of Study
High School: _____ _____	_____	_____	_____
College: _____ _____	_____	_____	_____
Graduate: _____ _____	_____	_____	_____
Other: _____ _____	_____	_____	_____

## Tell Us About Yourself

What experiences have helped you prepare for this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## General Information

Are you currently certified as a Lifeguard, Water Safety or Ropes Course Instructor? \_\_\_\_\_

If so, please list your certificate number and expiration date: \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ Are you certified in First Aid? \_\_\_\_\_

Nursing License No./State: \_\_\_\_\_ / \_\_\_\_\_

Doctor's License No./State: \_\_\_\_\_ / \_\_\_\_\_

Have you ever had any license, certificate or employment suspended, revoked or terminated?

Yes \_\_\_ No\_\_\_ If yes provide a full description including dates and circumstances:

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Have you ever been previously convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide a full description including dates and circumstances:

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Have you been previously convicted of any crime related to abuse, assault, mistreatment, or molestation?

Yes \_\_\_ No\_\_\_ If yes, provide a full description including convictions, dates and circumstances:

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May we provide you phone number to other staff members for carpooling? Yes\_\_\_ No \_\_\_\_\_

Do you require a vegetarian menu during your stay at camp? Yes \_\_\_ No \_\_\_\_\_

List any other dietary restriction \_\_\_\_\_

### **Applicant's Certification and Agreement – Please Read Carefully**

I, \_\_\_\_\_, hereby authorize Stage Door Conservatory to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by federal law.

I also authorize all persons, public agencies, courts, schools, employer companies and corporations to supply verification of the information provided in my application as well as evaluation of my prior performances, and I release them from all liability from their doing so.

The above statements are true and complete to the best of my knowledge.

Upon the offer of a position (salaried or volunteer), I understand I must supply the camp with an updated medical evaluation, to be forwarded by my physician at my expense.

Any falsification, misrepresentation or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application.

### **Photo and Information Release**

I give Stage Door Conservatory permission to photograph and use pictures or visual and audio tapes of me in professional or fund-raising activities. On occasion with this permission, participant photographs may be included in a bulletin board, video, newsletter, camp album, or in personal photographs. The camp respects the privacy of its participants and does not allow unauthorized visitors to photograph the camp or participants.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date