

LAKE VILLA TOWNSHIP

Summer Day Camp Employment Application

Date of Application _____

Name _____

Permanent Address _____ Date of Birth _____

City _____ State _____ Zip _____ Email Address _____

Home Phone _____ Cell Phone _____ Driver's License Number _____

Employer/School _____

How did you learn about the position? _____

Have you been employed by Lake Villa Township before? _____

Employees of Peacock Camp are expected to be available from the day after Memorial Day - Mid August from 7am - 5:30pm.

Are there days or times during this period that you are not available? _____

EDUCATION

High School _____

Current Year or Date Graduated _____

College/University _____

Current Year or Date Graduated _____

Major/Minor _____

Are you a licensed teacher? _____

CAMP/TEACHING/COMMUNITY CENTER EXPERIENCE

1) Agency Name _____ Years _____

Address/Phone _____

Your position _____

2) Agency Name _____ Years _____

Address/Phone _____

Your position _____

3) Agency Name _____ Years _____

Address/Phone _____

Your position _____

DO YOU EVER HAVE OR HAVE YOU EVER HAD THE FOLLOWING CERTIFICATIONS/TRAININGS

CPR AED FIRST AID LIFE GUARD

LAKE VILLA TOWNSHIP

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PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

- 1.) Do you have child care experience? ____ yes ____ no
- 2.) Why do you want to work at a summer camp; specify what personal characteristics and skills you would bring to this position?

3.) Describe briefly what comes to mind when you hear the word 'CAMP'.

4.) List subjects/activities that you feel you could lead (L) or assist (A).

Swimming ____ Boating ____ Arts & Crafts ____ STEM ____ Nature ____ Sports ____

REFERENCES

1.) Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

2.) Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

3.) Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____, hereby authorize Lake Villa Township 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 law.

I understand that such access is for the purpose of considering my application as a staff member and that I expressly DO NOT authorize the Township, its directors, officers, employees, or other staff members to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed _____ Date _____
(signature of applicant)

PLEASE RETURN APPLICATION TO:

Lake Villa Township
37908 N. Fairfield Road
Lake Villa, IL 60046

PH: 847-356-2116 FAX: 847-356-2130 EMAIL: office@lakevillatownship.org

PEACOCK CAMP

21777 West Edgewood Avenue
Lake Villa, IL 60046