



OUTDOOR ODYSSEY STAFF APPLICATION

An Outdoor Adventure Mentoring Program

An Equal Opportunity Employer

Outdoor Odyssey at Roaring Run Inc. λ 450 Boy Scout Rd. λ Boswell, PA 15531

814.629.6516 λ fax 814.629.9172 λ outdoorodyssey@aol.com λ www.outdoorodyssey.org

APPLICANT

Full Name _____ Name you prefer _____

Social Security Number _____ Are you at least 18 years of age? { Yes { No

PERMANENT/HOME ADDRESS

Street _____ City _____ State _____ Zip _____

Phone Number (include area code) _____ Email Address _____

TEMPORARY/SCHOOL ADDRESS

Use the school/temporary address below to contact me from ___/___/___ through ___/___/___

Street _____ City _____ State _____ Zip _____

Phone Number (include area code) _____ Email Address _____

EMPLOYMENT INFORMATION

I am applying for:

{ Summer Counselor

{ Maintenance Staff

{ Junior Counselor

{ Summer Cooking Staff

{ Starbase Staff

{ Outdoor Odyssey Permanent Staff

Are there any reasons you may have difficulty performing any of the essential functions of the job (with or without reasonable accommodations) for which you have applied? { Yes { No If so, please describe any accommodation required: _____

What is the earliest date you can begin work? _____ What is the latest date you can work through? _____

Have you ever been convicted of or pled no contest to any crime? { Yes { No If yes, explain _____

EDUCATIONAL BACKGROUND (Please list most recent first, use additional paper if necessary)

School Name	Dates Attended	Major	Degree/Current Grade

PAST EMPLOYMENT AND/OR CAMP EXPERIENCES (Please list most recent first, use additional paper if necessary)

Dates	Employer/Camp	Complete Address/Phone	Positions	Supervisor	Reason for Leaving

Current Employer _____

Indicate any employer you do not wish us to contact and the reason _____

REFERENCES

Please list 3 references. Individuals who can make a statement regarding your work experience, character and ability. Please do not include relatives or fellow students. We must have complete information on each reference including street, zip code and phone number(s).

Name	Address/City/Zip	Phone (including area code)

EXPERIENCE

List any training or experience you have had working with children and/or working outdoors. Also list any certifications you might have, e.g. CPR, Wilderness First Aid

Position Held/Description of Duties/Certification	Where	When

DRIVING EXPERIENCE

Answer these questions if you are 18 years of age or older; you may be required to drive vans and/or trailers:

Do you have a valid driver's license? { Yes { No

Issuing State _____

License Number _____

Expiration Date _____

Company/Policy # _____

Are you currently insured? { Yes { No

Have you ever had any permit or license suspended? { Yes { No If yes, why? _____

List any violations you have: _____
