



## 2010 Chris Dudley Basketball Camp for Kids with Diabetes

P.O. Box 242 Turner, OR 97392

Phone: 503.349.0073 Fax: 503.743.2536

[www.chrisdudley.org](http://www.chrisdudley.org)



**Camp Date: July 31 - August 6, 2010**

Date of application: \_\_\_\_\_

Job applying for: \_\_\_\_\_

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

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Dates you are available to work? \_\_\_\_\_

Do you have a valid driver's license? Yes\_\_ No\_\_ If yes, what state? \_\_\_\_

Do you have a current First Aid/CPR card? Yes\_\_ No\_\_

Have you ever received Hepatitis B vaccine? Yes\_\_ No\_\_ If yes, When? \_\_\_\_\_

Are you available for an interview? Yes\_\_ No\_\_

T-Shirt size \_\_S \_\_M \_\_L \_\_XL \_\_XXL \_\_XXXL

# EMPLOYMENT HISTORY

1. Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact this employer? Yes\_\_ No\_\_

2. Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact this employer? Yes\_\_ No\_\_

3. Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact this employer? Yes\_\_ No\_\_

## EDUCATION: High School and Beyond

Years:	School	Major	Degree Earned

## CAMP EXPERIENCE:

Camp Name	Location	Dates	Camper or Staff

## REFERENCES:

Please provide names and addresses of two persons (not relatives) having knowledge of your character, experience, work habits and ability.

Name	Address	Phone number

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at will employee and that any agreement to the contrary must be in writing and signed by the Director of Medical Services at the camp. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CAMP DIRECTORY

Name:

Position at camp:

Email Address: