

# Recreational Activities for the Developmentally Disabled

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## RETURNING STAFF EMPLOYMENT APPLICATION

**POSITION APPLYING FOR:**  
(Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Camp Director           | <input type="checkbox"/> Youth Camp (Ages 7 to 17) |
| <input type="checkbox"/> Assistant Camp Director |  |
| <input type="checkbox"/> Camp Counselor          | <input type="checkbox"/> Adult Camp (Ages 18 & Up) |

**EXPLANATION OF WORKERS**  
**16 AND OLDER ARE REQUIRED TO CHANGE AND TRANSFER PARTICIPANTS**  
**THERE ARE NO LONGER 1-2 AND 3 LEVEL WORKERS WE ARE A TEAM AND ARE REQUIRED**  
**TO DO THE SAME JOB EXPECTATIONS.**  
**YOU CAN MARK A PREFERENCE BUT UNFORTUNATLY WE CAN NOT GUARANTEE THAT CAMP**

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MI
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MAILING ADDRESS	CITY	ZIP CODE
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PERMANENT STREET ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	ZIP CODE
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HOME PHONE (AREA CODE & NUMBER)	CELL PHONE (AREA CODE & NUMBER)	
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E MAIL ADDRESS		

### PERSONAL BACKGROUND HISTORY

Previous residence(s) for last 5 years:

Address: _____	City: _____	State: _____	Years: _____
Address: _____	City: _____	State: _____	Years: _____
Address: _____	City: _____	State: _____	Years: _____

## NEW EMPLOYMENT HISTORY

EMPLOYER	ADDRESS	CONTACT	PHONE
EMPLOYMENT DATES	TITLE	RESPONSIBILITIES	

  

EMPLOYER	ADDRESS	CONTACT	PHONE
EMPLOYMENT DATES	TITLE	RESPONSIBILITIES	

## PERSONAL REFERENCES

Please provide the contact information of 2 persons (not relatives) who have knowledge of your character, experience and ability:

NAME	PHONE	EMAIL
ADDRESS	CITY	ZIP CODE

  

NAME	PHONE	EMAIL
ADDRESS	CITY	ZIP CODE

## EDUCATIONAL HISTORY

Highest level of education completed: \_\_\_\_\_ Current level in school: \_\_\_\_\_

Please list any degrees or certificates which you feel may provide benefit to RADD: \_\_\_\_\_

## CURRENT CERTIFICATES / LICENSES

CPR Certification: Expiration: \_\_\_\_\_  Lifeguard  CNA  Medication Administration Certificate

First Aid Certification:  Yes  No Expiration: \_\_\_\_\_  Other: \_\_\_\_\_

## KNOWLEDGE, SKILLS, AND ABILITIES

Do you have any new special skills / talents that you would be willing to share?  Yes  No

If so, please describe: \_\_\_\_\_

Do you have any new experience working with individuals with special needs?

Yes  No

If so, please describe: \_\_\_\_\_

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Describe any special knowledge, skills and abilities that you possess or have gained that are not listed above and that you feel would provide benefit to the program that you are applying for:

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Why are you applying for this position?

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If you are applying for a leadership position, what skills do you feel qualify you for this position?

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If you do not get the leadership position you applied for, what will you do?

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What are you looking most forward to at Camp Kinder this summer?

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What are you looking least forward to at Camp Kinder this summer?

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Based on your experience with Camp Kinder, how could RADD improve camp to make it a better experience for everyone involved?

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**REQUESTED TIME OFF**

Please list any time off you may need from June 24<sup>th</sup> through August 16<sup>th</sup>:  
(Camp Kinder begins on June 24<sup>th</sup> and ends of August 16<sup>th</sup>, training will be held the week of June 17<sup>th</sup> )

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**PERSONAL BACKGROUND HISTORY**

Have you ever been convicted, fined, placed on probation or imprisoned?  Yes  No

If yes, please explain: (Use a separate sheet if necessary) \_\_\_\_\_

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I authorize investigation of all statements herein, including any checks of criminal records, and release the agency and all others from liability in connection with same. I understand that, if employed, that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*RADD is an equal opportunity employer*