



Freddie Ford Family Foundation

A Missouri Nonprofit
 Summer Camp for Autism
 PO Box 12454, St. Louis, MO 63132
 (314) 282-5003 PH 314-282-0473 FX
felicia@freddiefordfamilyfoundation.org
www.freddiefordfamilyfoundation.org

Attach
Your Photo

Job/Volunteer Application

Return the completed application to the above address, by fax or email.

Camp Dates: July 18 – July 22 from 8-1 at Olivette Community Center

Summer Camp for Autism focuses on helping autistic children reach their full potential and experience a summer free of everyday-life stresses. It's a place where a kid can be a kid, have fun, and learn something new. There will be a maximum of 16 kids enrolled.

First	Middle	Last	
Address	City	State	Zip
Phone #	Social Security #	Date of Birth	

All applicants must specify "Position Applied For":

Camper Aid
 Camp Counselor
 Coach
 Trainer/Life Coach
 Nurses

Please fill out this application to the best of your ability.
 The Summer Camp for Autism is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability. All applicants will be subject to a criminal background check.

For this Summer Camp for Autism we are always looking for enthusiastic, fun-loving, responsible staff with a passion for learning and adventure. Our staff is made up of people with various backgrounds who communicate efficiently, have a good work ethic, demonstrate good problem solving abilities, are creative, fun and energetic, and love to work with children and families. Our hand-picked staff embodies our core principles of (Character, Compassion, Honesty, Respect, Responsibility). We need people who have experience working with autistic children and who are open to supporting autistic children in learning new sports and activities.

What is your preferred t-shirt size? ___ XS ___ S ___ M ___ L
 ___ XL ___ 2X ___ 3X

Has your name changed? _____ Yes _____ No

If yes, what other names have you used? _____

AUTISM EXPERIENCE:

Do you have any experience working with autistic children? ___ Yes _____ No

If yes what experience? _____

Do you have any professional education or certifications relevant to autism?

FIRST AID TRAINING: _____ Yes _____ No

Are you willing to get First Aid training certification? _____ Yes _____ No

EMPLOYMENT HISTORY:

Please begin with your current or last job. Include military service assignments. If you include volunteer activities, please exclude organizations that might indicate race, color, religion, national origin, disability or other protected status.

Employer _____

Address _____

Phone No. _____

Duties/Responsibilities _____

From _____ / _____ / _____ To _____ / _____ / _____

Yearly wage \$ _____ (starting) \$ _____ (ending)

Job Title _____ Supervisor _____

Reason for leaving _____

Employer _____

Address _____

Phone No. _____

Duties/Responsibilities _____

From _____ / _____ / _____ To _____ / _____ / _____

Yearly wage \$ _____ (starting) \$ _____ (ending)

Job Title _____ Supervisor _____

Reason for leaving _____

Employer _____

Address _____

Phone No. _____

Duties/Responsibilities _____

From _____ / _____ / _____ To _____ / _____ / _____

Yearly wage \$ _____ (starting) \$ _____ (ending)

Job Title _____ Supervisor _____

Reason for leaving _____

EDUCATION:

Years completed 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Please include the school name, location, diploma or degree received, and course of study:

High school _____

Trade school _____

College _____

Graduate school _____

VOLUNTEER EXPERIENCE:

(Please share any prior volunteer experience you have had interacting with children and adolescents. Include other camps, agencies or organizations, such as Big Brothers Big Sisters, Sunday School, Scouting, Little League, etc.)

Organization/Group: _____

City/State: _____ Dates: _____

Contact: _____ Phone: _____

Organization/Group: _____

City/State: _____ Dates: _____

Contact: _____ Phone: _____

Organization/Group: _____

City/State: _____ Dates: _____

Contact: _____ Phone: _____

Organization/Group: _____

City/State: _____ Dates: _____

Contact: _____ Phone: _____

Any specialized training, apprenticeship programs, certifications, or any special job-related skills: _____

List any participation in athletics by sport: _____

List any sports that you have coaching experience in: _____

FOREIGN LANGUAGES

Please indicate if you speak, read, write (and whether you are fluent, good or fair) in any language(s) other than English. _____

PROFESSIONAL, TRADE, BUSINESS OR CIVIC ORGANIZATIONS/OFFICES:

Please exclude organizations that might indicate race, color, religion, national origin, disability, or other protected status. _____

MILITARY HISTORY:

Job related training: _____

Current status: _____

PERSONAL:

If less than 18 years of age, can you provide proof of eligibility to work? Yes No

Have you ever applied to us before? Yes No

When? _____

Have you ever been employed with us before? Yes No

When? _____

May we contact your present employer? Yes No

Can you perform the essential job functions of the job for which you are applying? Yes No

Have you ever been convicted of a felony? Yes No

(Conviction will not automatically disqualify you from employment.)

If applying for a position that requires driving, do you have the appropriate license? N/A Yes No

If applying for a position that requires driving, have you been ticketed for a moving violation in the past 3 years? Yes No

If yes please explain. _____

Are you a citizen of the United States? Yes No

Can you provide proof of identification and proof of eligibility to work in this country (for instance, green card, social security card, passport, etc.) Yes No

Are you currently on “layoff” status, subject to recall? Yes No

AVAILABILITY:

Will you be available to work the entire camp Mon – Friday 9-1? _____ Yes _____ No

What hours and days could you work? _____

Are you available: Full time Part time Shift Work Temporary

If required, are you able to travel? Yes No

REFERENCES (NOT family members):

Name _____

Address _____

Phone _____ E-mail _____

Name _____

Address _____

Phone _____ E-mail _____

Name _____

Address _____

Phone _____ E-mail _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

APPLICANT'S ACKNOWLEDGMENT

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all the rules and regulations of the employer and any special agreements reached by the employer and me. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee. Unless a specific document is executed in writing by the employer and employee, all employment here is At-Will. Just as an employee may resign for any reason, the employer may terminate an employee for any reason.

_____ Date

_____ Signature of Applicant

For office use

Date received: _____

Notified: _____

Application: _____

Release forms (5): _____

Autism Experience: _____

First Aid/CPR Cert: _____

Background check: _____

References: _____

Hours of Availability: _____

Days of Availability: _____

Interview: _____

Interview completed by: _____

Accepted/not accepted date: _____**Accepted/not accepted initials:** _____

CERTIFICATE OF APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION
 (WAIVER OF RIGHTS TO HAVE POLICE RECORDS CHECKED)
 (WAIVER OF RIGHTS FOR ALL MEDICAL & PSYCHOLOGICAL EXAMINATION RESULTS)

I, _____ (Print full name) hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any mis-statements or omission of material facts will cause forfeiture on my part to all rights to employment by Summer Camp for Autism.

I hereby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Navy, U.S. Air Force, all Military Agencies, all Federal, State, or Local Government Agencies, State and Federal Tax Bureaus, Credit Bureaus, Schools, and Universities, to furnish the holder of this release with any and all available information regarding me in order to determine my suitability for employment.

I authorize the holder of this release to make inquiries of my present and past employers, and co-workers regarding my character, integrity, reputation, and efficiency.

I authorize the release of any and all information regarding my employment, credit or any other information, whether personal or otherwise, that may or may not be on their records, and release said company or person from all liability from any damage whatsoever that may ensue from furnishing such information to the holder of this release. Any part of the undersigned application for employment may be released to any local State or Federal Law Enforcement agency.

I, _____, hereby authorize the Human Resources Department of Summer Camp for Autism to obtain a criminal background check for arrests and convictions to be a part of my application for employment.

I, _____, hereby agree to take any medical examination, psychological examination or test to determine the presence of drugs or narcotics which Summer Camp for Autism may require to determine my qualifications for employment. I do further authorize that the results of said tests be furnished to Summer Camp for Autism and the same shall become a part of my application for employment. Positive testing for the presence of any narcotic substance will result in my disqualification from further consideration for employment.

Photostatic or Xerox copy of this authorization shall be considered as effective as the original.

THIS AUTHORIZATION, YOUR APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE HUMAN RESOURCES DEPARTMENT OF SUMMER CAMP FOR AUTISM AND WILL NOT BE RETURNED.

Signature of Applicant

Date

Driver's License No.: _____

Driver's License State: _____