# Sons of Norway – District Two Youth Camps 2003 Staff Employment Application

Name of Applicant Address of Applicant					
Current				21.1	
Permanent	Address		City	State	Zip
Termanent	Address		City	State	Zip
Phone Number	Home ( )		Work ( )		
E-Mail Address					
Camp(s) Applied ForTrollhauge		_Nidaros July 20-Aug	ust 2N	ormanna August 3-	-16
Have you been to No	rwegian Language c	amps? If so, in what	capacity?	-	
Have you been to oth	ner summer camps?	If so, please describe	e		
Are you a member of	Sons of Norway?	If yes, what lode	ge?		
Educational Backgr What grades in school		ed? (please circle)	9 10 11 12	13 14 15 16 17	+
Schools		Major Subjects	7	<u>′ear</u>	<u>Degree</u>
( ) Some comma ( ) Some exposu ( ) Little or no ex	/ t subject areas and of the language are to the language posure to the langua				
Are you familiar with	other foreign langua	ges? If so, which one	es?		
Have you traveled or	lived in Norway? If	so, please describe.			

## **Activities** Please rate your proficiency on a scale of 1 (low) to 3 (high) and leave a blank where you have no experience. Handcrafts Music Sports Rosemaling Guitar Soccer \_\_\_ Piano Orienteering Carving Weaving \_\_\_ Singing Volleyball \_ Knitting \_\_\_ New Games Other Other Other Health Care/First Aid Drama First Aid Norwegian Folk Dance Skits \_\_\_ Play Directing Medical Training \_\_\_ Other \_\_\_\_\_ CPR \_\_\_ Other \_\_\_\_\_ \_\_\_ Lifesaving \_\_\_ Other \_\_\_\_\_ Have you taught any of these activities? If yes, in what context? List topics on which you could prepare an activity or presentation for camps (e.g., Norwegian geography, Norse mythology, trolls, famous Norwegians, etc.). Why do you want to be a part of the language camp staff? Please provide with 3 references Name Address Phone Relationship to Applicant Please indicate your job preferences by numbering them with "1" as the most important. \_\_\_\_ Director \_\_\_\_\_ Counselor \_\_\_\_\_ Junior Counselor \_\_\_\_\_ Dance Instructor Language Instructor \_\_\_\_\_ Arts & Crafts Director \_\_\_\_\_ Sports Director \_\_\_\_\_ Cook Assistant Cook \_\_\_\_\_ Kitchen Helper \_\_\_\_ Nurse \_\_\_\_ Maintenance Coordinator I authorize the District 2 Youth Camp Committee to complete a background check on me which may include driving record, criminal history and employment verification.

Applications will receive consideration without discrimination because of race, color, creed, sex, age or national origin. All information will be kept confidential.

Signature

Date

### Return this application to:

Dana Whitford
District 2 Youth Camp Secretary
16749 31<sup>st</sup> Ave. S.W.
Burien, WA 98166

home phone - 206-901-1514

You may also send me an e-mail copy of your application. Please also forward an original copy with your signature in the mail.

#### email address:

danawhitford@hotmail.com or dwhit@cac.washington.edu

### Nurse Responsibilities

- Provide medical care for staff and campers
- Maintain medication, health and insurance records for staff and campers
- Organize and administer the infirmary; maintain inventory of medical supplies
- \* Arrange transportation to appropriate medical facilities for those needing medical attention
- Conduct a daily sanitation check of the camp
- Participate in the camp program as requested by the Director(s); perform additional duties as assigned