**Opportunities Unlimited for the Blind**



**Summer 2018 Staff Application**

**Please download this form and email completed form to:**

**Gwen Botting, Executive Director**

[**Gwen@oubmichigan.org**](mailto:Gwen@oubmichigan.org)

**Or mail hard copies to:**

**Gwen Botting, Executive Director**

**4175 Westbrook Road, Ionia MI 48846**

**Programs are held at Camp Optimist, 10324 Lovers Lane, Grand Rapids Michigan**

**OUB Office address: 4175 Westbrook Road, Ionia MI 48846**

**616-755-2221 (cell), 989-855-2430 (home office)**

**General Information:**

Opportunities Unlimited for the Blind operates summer camps at Camp Optimist in Grand Rapids, MI, a rustic 103-acre wooded camp within close driving distance to area businesses. Accommodations are in tents on wooden platforms, with showers and flush toilets available in a separate building. Meals are provided onsite. The last camp, our Adventure Trip, is to a rustic area for canoeing and camping. Recreation services such as swimming, boating and rock climbing are provided at Indian Trails Camp, a short drive from Camp Optimist. Summer camps begin, for most staff, on June 8 and runs through July 21 with a short break for some weekends, providing 6 weeks of employment. Some staff may start earlier in May or June. Salary is based on position, experience and years working for OUB. Positions available in 2018 include the following:

* Program Director
* Camp Office Assistant and/or Assistant Program Director
* Kitchen Assistant and/or Custodian
* Lifeguard and/or Driver
* Male or Female Counselor

**Open Application Dates:**

Applications will be accepted from January 5, 2018 through April 30, 2018. Applications will not be accepted after this time. Please send in your resume with your application. You do not need to fill out a Health History Form until our staff asks you to.

**Applicant’s Information:**

**Name:**

**Address:**

**City:**

**State:**

**Zip/Postal Code:**

**E-mail Address:**

**Home Phone Number:**

**Alternate Phone:**

**Cell Phone: (if same as alternate phone, leave blank and indicate on line above)**

**Emergency Contact Name:**

**Phone:**

**Email:**

**Highest level of education and year completed:**

*Major/Minor fields of study (if applicable):*

*Other Training (maximum of two full lines of text):*

**List the position(s) that you are applying for:**

**Do you have any health care certifications or endorsements? Please list:**

**If you have special current certifications or licenses, please indicate in the space below. Special certifications or licenses may include nursing or other health care, teaching, water safety, lifeguard, Safeserve, CPR/AED/First aid, etc. Please include your most recent certification date, the date of expiration on the certification, and a copy of your certification card with this application. Please include any additional endorsements, grade level, etc.**

**Certification:**

**Certification Date:**

**Expiration Date:**

**Endorsements:**

**Would you be willing to attend a health care certification course?**

**Are you a certified Lifeguard, or are you willing to be trained as a Lifeguard?**

**Past Employment:**

Provide the following information about your past employment:

**Employer 1**

**Dates of employment:**

**Employer Name:**

**Phone:**

**Supervisor:**

**Nature of Work:**

**Reason for Leaving:**

**Employer 2**

**Employer Name:**

**Phone:**

**Supervisor:**

**Nature of Work:**

**Reason for Leaving:**

**Employer 3**

**Employer Name:**

**Phone:**

**Supervisor:**

**Nature of Work:**

**Reason for Leaving:**

**What experience do you have working with children or persons with blindness or visual impairment (maximum 6 lines of text)?**

**What experience do you have working with children or persons with other disabilities (maximum 6 lines of text)?**

**Have you ever attended any camps as a camper (yes or no)?**

**If yes, Name and Type of camp (maximum of 2 lines of text):**

**How did you learn about our camp (maximum of 2 lines of text)?**

**Write a short paragraph about yourself.** *What makes you unique?* **(maximum of 10 lines of text)**

**What experience do you have with residential summer camps? (maximum 6 lines of text)**

**What experience do you have with wilderness camping? (maximum 6 lines of text)**

**What camping/survival skills do you have? (maximum 6 lines of text)**

**Describe your estimation of your ability to adapt to new situations: (maximum 6 lines of text)**

**List some activities or skills at which you excel and would be confident teaching to others: (maximum of 6 lines of text)**

**What do you want campers to learn from you this summer? (maximum of 6 lines of text)**

**Why do you want to join the OUB Summer staff? (maximum of 6 lines of text)**

**What do you think you would gain personally by working at OUB CAMPS? (maximum of 6 lines of text)**

**What are the major strengths of your personality? (maximum number of 6 lines of text)**

**What are the major weaknesses of your personality? (maximum number of 6 lines of text)**

**Living and working in a camp environment means long hours and little privacy. Describe how you would best deal with the stress of living in close quarters without air conditioning and living in tents for an extended period of time (maximum 10 lines of text):**

**What five adjectives would a close friend use to describe you?**

**References:**

**State law requires three references. Applications without this section filled in completely will not be considered for employment. References WILL be contacted.**

**List three people (not relatives) who have knowledge of your character, experience and ability. Criminal background checks are required on all persons prior to employment.**

**Reference 1:**

**Name:**

**How do you know this person?**

**Do you have this person’s permission to serve as a reference for you?**

**Telephone Number:**

**Address (include city, state and zip code):**

**Reference 2:**

**Name:**

**How do you know this person?**

**Do you have this person’s permission to serve as a reference for you?**

**Telephone Number:**

**Address (include city, state and zip code):**

**Reference 3:**

**Name:**

**How do you know this person?**

**Do you have this person’s permission to serve as a reference for you?**

**Telephone Number:**

**Address (include city, state and zipcode):**

**Have you ever been convicted of a felony (Yes or No)?**

OUB complies with the Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2101 et seq. the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq. and all other federal, state and local fair employment practices and equal opportunity laws and covenants that it shall not discriminate against any employee or applicant for employment, with respect to his or her hire, tenure, terms, conditions, or privileges of employment, or any matter directly or indirectly related to employment, because of his or her race, religion, color, national origin, age, sex, height, weight, marital status, or physical or mental disability that is unrelated to the individual’s ability to perform the duties of a particular job or position.

**I certify the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment. I authorize the verification of any or all information listed above.**

**Signature:**

(either scan and email or sign in person at a later date at employer's discretion)

**Date:**

**If you have any questions about this application, contact Gwen at:** [**gwen@oubmichigan.org**](mailto:gwen@oubmichigan.org)

**Please email completed form to the address above or mail a printed copy to the office address: Gwen Botting, Executive Director**

**4175 Westbrook Road**

**Ionia, MI 48846**

Thank you for your time to complete this application. A staff member will contact you within 10 days of receipt. If you do not receive confirmation that we have your application by that time, please feel free to inquire by contacting us by email or call Gwen’s cell, 616-755-2221 or office 989-855-2430.