

2010 Staff Application & Registration Form



CONTACT INFORMATION

First Name _____

Last Name _____

Name you like to be called _____

Date of Birth ____ / ____ / ____ I identify as G L B T Other _____

Address _____

City _____

State _____ Zip/Postal Code _____ Country _____

Email _____

Home Phone _____ Best way to contact me

Cell Phone _____ Best way to contact me

Work Phone _____ Best way to contact me

In case of emergency, please contact:

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

* * *

PERSONAL INFORMATION

What special dietary requirements do you have, if any? Vegan meal plan (\$25 surcharge)

What special medical conditions do you have, or what special physical accommodations do you require?

T-Shirt Size Check one: S M L XL XXL XXXL

Photo/Video Release

I Authorize and Agree... I Do NOT Authorize and Agree... that 'Camp' Camp may use for promotional purposes all photographs and/or video images which may be taken of me while I'm at Camp. (If you do not select an option, this will mean that you have given your permission.)

How did you hear about 'Camp' Camp?

If you heard about us from a friend or other source, please enter that person's name or the source name here. Please be as specific as possible (i.e., Web: Google Search, etc.)

* * *

**'Camp' Camp
2010 is from
Sunday,
August 22
through
Sunday,
August 29.**

**ALL STAFF
MEMBERS MUST
BE AVAILABLE FOR
STAFF
TRAINING
BEGINNING AT
NOON ON
SATURDAY,
AUGUST 21.**

**IF YOU CANNOT
BE IN MAINE IN
TIME FOR STAFF
TRAINING,
PLEASE DO NOT
APPLY.**

* * *

Mail this
completed form
to 'Camp' Camp
545 Prospect
Place #2J
Brooklyn, NY
11238

Or

Fax it to
646-203-0291

ACCOMMODATIONS

Please select the most appropriate responses to each of the following questions below so that we can best select a cabin for you. You can change cabins at any time during the week if you wish.

- Are you an early riser? [] Yes [] No [] No Preference
Are you an early-to-bedder? [] Yes [] No [] No Preference
Would you like a quiet, little-talk cabin? [] Yes [] No [] No Preference
Or a cabin where people talk and laugh 'til late? [] Yes [] No [] No Preference
Would you like to bunk with drinkers? [] Yes [] No [] No Preference
Do you snore, talk, scream, or sing in your sleep? [] Yes [] No [] No Preference
Are you able/willing to take a top bunk if necessary? [] Yes [] No [] No Preference

I want to be in a cabin with _____

If you have been to 'Camp' Camp before, what is your cabin preference? _____

Other remarks _____

* * *

TRANSPORTATION

By Car [] I do... [] I do not... plan to drive to Camp.

We often have Staff looking for rides to Camp who are willing to share expenses, etc. Please let us know if you have interest and space to bring other Staff with you to Camp.

[] I am... [] I am not... interested in providing carpool transportation to Camp for _____ (number) other Staff member(s).

If you already have carpool plans arranged, please give us the details.

I will be carpooling with _____

By Plane/Bus/Train [] I would like... [] I do not need... van transportation from the Portland, ME airport, bus or train station to/from Camp.

Please e-mail transportation@campcamp.com or call 888-924-8380 with your travel itinerary when the details have been finalized.

* * *

STAFF APPLICATION

Staff positions at Camp are paid via a "work-play" compensation system, with staff members receiving a credit towards the standard Camp registration fee. These credits range from \$285 to the full fee, depending on the position. Further details - including the number of work hours expected of you during the week - are available by visiting www.campcamp.com/staff.html. You may also call 888-924-8380 if you have other questions regarding being a member of our staff.

Staff Position & Compensation Level Request

From the list of positions (posted at www.campcamp.com/staff.html) for which we will need staff, choose up to three positions for which you would like to be considered.

First staff position for which you wish to be considered _____

Second staff position for which you wish to be considered _____

Third staff position for which you wish to be considered _____

Please describe previous work or volunteer experience related to the position(s) for which you are applying. Feel free to attach or email a resume if you wish.

Now, please let us know what compensation level you are seeking. You may check more than one box.

- Please consider me for a... [] Staff I position (you pay \$700)
[] Staff II position (you pay \$520)
[] Staff III position (you pay \$335)
[] Staff IV position (you pay \$150)
[] Staff V position (you pay \$0)

Short Answer Interview Questions

The following questions are designed to help us get to know you better. If this form does not provide enough space, you may attach additional pages, send us an email with the complete text, or, if you feel more comfortable talking through the questions, call us at 888-924-8380. (If you have previously held a staff position with us, you may skip this section.)

1. 'Camp' Camp brings together people from all over the country that don't know each other, but have to live closely together for a week. How do you establish working relationships with new people?

2. Think about your last two years of work and tell us a criticism you have received regarding your performance. How did you respond to the criticism? How, if at all, did the criticism affect your job performance?

3. Tell us about an accomplishment that you are truly proud of.

4. Have you ever had to make or implement an unpopular policy or decision? What was the decision? How did you handle reactions to it?

5. Tell us about a time when you had to deal with someone you didn't like.

6. Tell us about a time when another person's anger was misdirected at you. How did you handle it?

7. Tell us about a time when you had to go "above and beyond" the call of duty at work.

References

Please list three references, giving name, title, organization name, and e-mail or phone number. A phone number or email address for each reference is required. (If you have previously held a staff position with us, you may skip this section.)

Reference 1...

Name _____ Title _____

Organization _____

Email or Phone (required) _____

Reference 2...

Name _____ Title _____

Organization _____

Email or Phone (required) _____

Reference 3...

Name _____ Title _____

Organization _____

Email or Phone (required) _____

* * *

REFERRALS

What friends of yours might enjoy 'Camp' Camp?

Name _____ Address or Email _____

Name _____ Address or Email _____

Name _____ Address or Email _____

* * *

AGREEMENT

In consideration of the services of 'Camp' Camp II, LLC and each of its respective members, officers, directors, agents, employees, affiliates, representatives, independent contractors, volunteers (including consulting physicians), successors and assigns (hereinafter collectively referred to as "Camp"), the undersigned participant acknowledges, represents and agrees as follows:

I represent that I have no mental or physical problems or limitations that might affect my ability to participate in activities at 'Camp' Camp (the "Activities") which have not previously been disclosed to Camp in writing. I have had and will have the opportunity to ask questions about the Activities and the risks associated with them and I am aware that I can decline to participate in any Activity in my sole judgment.

I understand that Camp Activities may be scheduled or unscheduled, supervised or unsupervised and modified or canceled for any number of reasons, including convenience, weather, emergencies or unexpected conditions, all at the sole discretion of Camp.

I acknowledge that participating in Camp Activities may involve safety risks and that access to medical facilities, communication systems, transportation and/or means of evacuation may be subject to delay. I understand that Camp cannot assure my safety or eliminate all risks associated with my participation in Camp Activities.

I agree to assume all such risks and release Camp from any loss, liability, claim, or expense in any way associated with my participation in any Camp Activity, including (to the fullest extent permitted by law) any loss caused or alleged to have been caused, in whole or in part, by the negligence of Camp (but excluding gross negligence or willful or wanton conduct by Camp) and also including (by way of example and not of limitation) claims for personal injury, property damage, wrongful death, and breach of contract.

I agree to defend and indemnify Camp (to pay or reimburse Camp for money it is required to pay, including attorney's fees and costs) with respect to any and all claims brought by or on behalf of a family member, a co-participant, or any other person for any claims related to my participation in any Camp Activity.

I accept that the substantive law of Maine shall govern the validity of this document and any dispute I have with Camp regardless of any "conflicts of law" rules. Any claim for damages arising from my participation in any Activity conducted or sponsored by Camp, or any controversy involving this agreement, shall be resolved solely by binding arbitration pursuant to the then applicable rules of the American Arbitration Association. I agree to pay all attorney's fees and costs incurred by Camp in defending against any claim or proceeding brought by me if the claim or proceeding is later withdrawn or if Camp prevails. This document is intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

I understand that Camp does not tolerate discrimination on the basis of race, color, religious creed, national origin, sex, sexual orientation, gender identity or age. Camp, in its sole discretion, may decide to refuse admission to an individual for any other reason, such as inappropriate, disruptive, or offensive behavior or the failure to act in accordance with Camp principals and values.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS.

Signature _____ Date _____ / _____ / _____