

Tourette Syndrome Camp Organization
Staff Application

Name _____

Address _____

School Address _____

Home Phone Number _____ Work/Cell Number _____

E-mail _____

Date of Birth _____

Position desired

Senior Counselor ____

Camp Health Manager _____

Junior Counselor ____

Camp Mental Health Manager _____

Education and Training

Number of Years in High School 1 2 3 4

Number of Years in College/University 1 2 3 4

Number of Years in Graduate School 1 2 3 4

Name of last school attended or current school _____

Major Area of Study _____

Any Professional Licenses: Please list and include and numbers

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Please list three references not relate to you. List complete name address and phone number as we will contact those listed as part of background check.

Name	Address	Phone
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Relationship to you

Name	Address	Phone
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Relationship to you

Name	Address	Phone
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Relationship to you

Experience

List last three positions either as paid employee or volunteer. Your current employer will not contacted without your permission

Company/Organization	Address	Phone
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Position and dates held	Supervisor Name	Duties
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Company/Organization	Address	Phone
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Position and dates held	Supervisor Name	Duties
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Company/Organization	Address	Phone
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Position and dates held	Supervisor Name	Duties
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Have you ever worked or attended a residential overnight camp? If so list camp, dates
And what you gain from the experience.

What experience do you have working with children?

Why do you want to be on staff at Tourette Camp?

What experience would you like to contribute to Tourette camp?

What impact do you hope to have on a child with Tourette syndrome?

What would you like to contribute to the Tourette Camp?

What particular strength do you feel you would bring to this position?

If you have Tourette syndrome, what do you think had the greatest impact on your ability to live successfully with the disorder?

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Background Information

Have you ever been convicted of any criminal offense other than a traffic or parking?

If so please list dates and convictions _____

I understand and give permission for the Tourette Syndrome Camping Organization to perform a criminal background check

Name

Signature

Date

If you are under 18, your parent or guardian must sign

I hereby affirm attest that _____ has not been convicted of
any criminal offense to date
Print your name

Parent's Name

Signature

Date

Return to: ***Tourette Syndrome Camp Organization***
6933 N. Kedzie #816
Chicago, Illinois 60645