



WE ARE HIRING!



Weekend Camp Programs

POSITIONS AVAILABLE

- CAMP REGISTERED NURSE
- CAMP COUNSELORS
- COUNSELORS-IN-TRAINING
- FOOD SERVICE DIRECTOR
- FOOD SERVICE ASSISTANT
- VOLUNTEERS



WWW.CAMPIDLEWILDOFFFLORIDA.COM

The mission of Camp Idlewild of Florida is to provide innovative camp programs adapted for children with special needs ages 6-17 which promote personal growth, challenge their abilities and develop new skills in a fun and energizing environment.

How to apply?

- Go to our camp website to download the employment or volunteer application.
- Complete the application in full, along with the 3 references forms. Send completed documents to the camp office or email to: jfyoung@campidlewildofflorida.com
- Upon receipt, Camp Management will contact you to schedule an interview.

Staff & Volunteer Training
October 2-4, 2020 will be held at
Camp Idlewild

APPLY TODAY!

 **813-996-1226**



"Come for the adventure, stay for the fun, leave with the friendships and memories that will last a lifetime!" ~CAMP IDLEWILD OF FLORIDA

Dear Potential CIW Staff or Volunteer,

Welcome to Camp Idlewild of Florida! Thank you for your interest in working or volunteering with our new camp program! We are thrilled to be opening the doors to campers for our first Weekend Camp in the Fall of 2020. The mission of our program is to provide innovative camping programs adapted for children with special needs ages 6-17 which promote personal growth, challenge their abilities and develop new skills in a fun and energizing environment.

Camp Idlewild is located in Land O' Lakes, Florida, and is built on 140 private acres and is surrounded by Florida's natural landscape of cypress trees and a 65-acre spring fed lake. This location provides the perfect setting to participate in many outdoor activities while having a whole lot of fun! Campers and staff will enjoy sleeping in our beautiful cabins, eating in the lodge, exploring the outdoors and participating in all of the theme-based activities that we have planned.

Our program model has been designed for children who have the following super powers: Autism Spectrum Disorders (including Asperger's Syndrome), Sensory Processing Disorders, Down syndrome, Developmental Delays, Intellectual Disabilities, Blind or Visual Impairments, Deaf or Hard of Hearing and Physical Disabilities. Our program provides a 3:1 Camper to Counselor ratio to ensure individual attention. Our camp team is comprised of exceptional staff and volunteers who inspire and care about the campers we serve. They are trained to provide the best quality of supervision, assistance and support for the camper's individual needs. Weekend Camp staff includes: Camp Management Team, Camp Director, Registered Nurse, Program Director, Camp Counselors, Counselors-In-Training, Food Service, Housekeeping and Volunteers. **CIW is looking for the best of the best to join our team!**

Weekend Camps provide an excellent opportunity for campers, staff and volunteers to spend a fun-filled weekend, meeting new friends, gaining new experiences, as well as providing respite services to our parents/caregivers. This allows for an introduction to the program prior to committing to a summer camp experience.

Check-in for campers: Friday at 6PM and Check-out: Sunday by 11AM. The number of campers will be limited to 20 per session. All staff and volunteers are expected to arrive no later than 4:30pm on Friday and will be done by 1:00 on Sunday. The rate of pay for the Weekend is: Counselors--\$200 and CIT's--\$125; Camp Nurse and Food Service Staff will be discussed at the time of interview. For anyone driving 25 miles (one-way) to get to camp, CIW will provide a gas stipend for your travel to and from camp to be included for the driver of the vehicle.

Please make sure to complete the entire Employee/Volunteer application and (3) reference forms prior to submittal back to the camp office. Once we have received your paperwork, we will contact you promptly to schedule a video or in person interview. We are currently seeking experienced staff and volunteers to work these first weekends. CIW will be hosting a mandatory weekend training on October 2-4 at Camp Idlewild.

WEEKEND CAMP DATES:

❖ October 23-25, 2020 "Monster Mash" ❖ November 6-8, 2020 "Fall Fun" ❖ December 4-6, 2020 "Winter Wonderland" ❖ February 5-7, 2021 "Mardi Gras" ❖ March 5-7, 2021 "Luck of the Leprechaun" ❖ April 2-4, 2021 "Spring Splash"

Please visit our website: www.campidlewildofflorida.com or contact the camp office: (813) 996-1226 should you have any questions. We look forward to meeting you and having you join our team!

Yours in Camping,

Camp Idlewild of Florida Team



Camp Idlewild of Florida Employment Application

7602 Henry Drive, Land O Lakes, FL 34638

(813) 996-1226 (Office)

Return application to: jfyoung@campidlewildofflorida.com

www.campidlewildofflorida.com

(June 2020 JFY)

Camp Idlewild of Florida is dedicated to providing equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job, without regard to age, sex, race, color, religion, creed, citizenship, ancestry, sexual orientation, gender expression, marital status, veteran status, national origin, disability or any other protected classification. It is our policy to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds.

Personal:

Last Name		First	Middle	Area Code – Telephone No.
Present Address (Number Street, City, State & Zip Code)				Email Address
Permanent Address				Telephone #
Parent/Legal Guardian (for minors)		Relationship		Telephone #
Emergency Contact #1	Name	Address		Telephone #
Emergency Contact #2	Name	Address		Telephone #
T-shirt Size: Circle one: XS S M L XL 2XL 3XL		If hired, can you provide sufficient proof of eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid Driver's License? Y / N Number State
For what position are you applying (Choice 1)		For what position are you applying (Choice 2)		Dates Available:
How did you learn about our program?			Have you ever applied to or worked for a camp program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when?	
Age: Check one statement below: <input type="checkbox"/> I am 15 years of age or older <input type="checkbox"/> I am 18 years of age or older			Gender--Check one: <input type="checkbox"/> Male <input type="checkbox"/> Gender Diverse <input type="checkbox"/> Female	
Do you need special accommodations in order to perform the position you are being considered? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please describe:				
Have you ever been convicted of a criminal offense? Criminal offense includes felony or misdemeanor offenses, child abuse, unlawful sexual offense, traffic violations within the last five years, or military offenses. Conviction includes a guilty verdict, plea, probation, suspended sentence or fine, but does not include a referral to or participation in a pre-or post-trial criminal diversion program. Please be advised, all staff and volunteers will be required to complete the criminal background check as part of the hiring process. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state nature and disposition of case:				

Education:

School	Name & Location of school	Course of study (Major)	Number of years completed	Did you graduate	Degree or diploma
Graduate					
College					
High School					
Other					

Courses related to individuals with disabilities:

Personal References: Three references are required for employees and volunteers. Two must be of a professional or educational nature and one may be personal (no relatives). Completed references must be sent directly to the Camp Idlewild office or emailed to: jfyoung@campidlewildofflora.com

	Name	Address	City, State, Zip	Phone Number	Relationship
1.					
2.					
3.					

Accident/Medical Insurance:

Name of Company: _____ Name of Insured: _____ Policy and Group Number: _____

Membership in professional, student or service organizations and leadership positions held (may exclude those that disclose your race, color, religion or national origin):

Personal Camp Experiences: (Attach extra paper as necessary)

☐ Camper ☐ Counselor ☐ Other _____ Where: _____ Number of years: _____

Summarize your experience of working with individuals with disabilities or special needs:

Certifications and Experience: (Include copies of any certifications that may apply.)

Sign Language:		
<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Fluent
<input type="checkbox"/> College Course	<input type="checkbox"/> Moderate experience	
Type:	<input type="checkbox"/> ASL	<input type="checkbox"/> PSE <input type="checkbox"/> SEE
Swimming:		
<input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Beginner	<input type="checkbox"/> Life Guard Certification
<input type="checkbox"/> Moderate	<input type="checkbox"/> Strong Swimmer	
<input type="checkbox"/> Teaching experience	<input type="checkbox"/> Water Safety Instructor	
CPR:	<input type="checkbox"/> Red Cross	<input type="checkbox"/> American Heart Association <input type="checkbox"/> Other _____
First Aid:	<input type="checkbox"/> Red Cross	<input type="checkbox"/> Other _____
Other certifications that are relevant to position:		

Employment: Please list the most recent employment below for the past 3 employers. "See Resume" is not an acceptable description of duties.

FROM (month/year)	COMPANY	NAME OF SUPERVISOR	STARTING POSITION	STARTING SALARY
				\$
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING	FINAL SALARY
				\$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING
DESCRIPTION OF DUTIES:				
FROM (month/year)	COMPANY	NAME OF SUPERVISOR	STARTING POSITION	STARTING SALARY
				\$
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING	FINAL SALARY
				\$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING
DESCRIPTION OF DUTIES:				
FROM (month/year)	COMPANY	NAME OF SUPERVISOR	STARTING POSITION	STARTING SALARY
				\$
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING	FINAL SALARY
				\$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING
DESCRIPTION OF DUTIES:				

Applicant Acknowledgement (Read carefully before signing)

1. I understand that all statements and answers are true without reservations or evasions. I authorize an investigation of all statements in this application as well as any other information provided in interviews, and that, if discovered during the application process, will disqualify me from consideration and, if employed, any false statements or omissions of information in this application will be sufficient cause for discharge. Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.
2. I understand and agree that any employment offer and/or my employment is contingent on acceptable results of an investigative background report. I am advised that an investigative report will be requested for applicable information concerning my character, general reputation and personal characteristics. I authorize Camp Idlewild to contact all previous employers to furnish all pertinent information, such as my reason for leaving and record of performance. I hereby release my references and contacts, previous employers and Camp Idlewild of Florida from any liability and/or damage resulting therefrom.
3. I understand and agree that any employment offer is contingent on acceptable proof of my eligibility to work in the United States and for certain jobs, proof of an acceptable driving record.
4. I understand that, if hired by Camp Idlewild, I will be expected to represent a good role model to program participants, especially campers, demonstrating respect for individuals and property, responsibility and good judgment, decorum, politeness, modesty and refraining from abusive and profane language. I understand that the Camp Idlewild is an alcohol-free and drug-free facility and that possession or use of such products on Camp Idlewild property will be cause for immediate dismissal. I understand the use of tobacco products is prohibited while on duty. In addition, I have the responsibility to support the mission, goals and objectives of the Camp Idlewild, to provide a quality camping experience for children and young adults with special needs.
5. I understand and agree that if I am hired, I will adhere to the rules and regulations of Camp Idlewild and that my employment can be terminated with or without cause, at any time, at the option of either the company or myself. Camp Idlewild also has sole discretion to modify the terms and conditions of my employment.

Date _____ Signature _____

Parent/Guardian Authorization and signature for employees under the age of 18: _____

I/we hereby give permission for _____ to be employed by Camp Idlewild of Florida.

Getting to know you:

Tell us a little bit about who you are. Ex. Hobbies, Interests, Passions, Goals, etc.

What contributions do you think you can make at Camp Idlewild?

What do you hope to get out of your time working at the Camp Idlewild?



CAMP IDLEWILD OF FLORIDA

7602 Henry Drive, Land O Lakes, FL 34638

(813) 996-1226

Email: campidlewildofflorida@gmail.com

www.campidlewildofflorida.com

REQUEST FOR REFERENCE

_____ has provided your name as a reference to accompany their application for a staff or volunteer position at Camp Idlewild of Florida. Our camp program serves individuals with varying special needs and disabilities age 6 to 17 through residential camping programs, aimed to promote personal growth, challenge their abilities and develop new skills in a fun, energizing environment. **Please note, all information provided in this reference will be kept confidential.**

1. In what capacity and for how long have you known the applicant? _____
2. Have you seen this applicant work with individuals with special needs and/or disabilities? ☐ Yes ☐ No
If yes, in what capacity? _____
3. Would you feel comfortable if this person were caring for individuals with special needs and/or disabilities? ☐ Yes ☐ No
If no, please explain: _____
4. Please rate the following:

Gets along with coworkers in close living conditions	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Accepts guidance and supervision	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Flexibility to accept changing assignments and conditions	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Maintains energy and enthusiasm over an extended period	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Maintains energy and enthusiasm under trying conditions	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Capacity for leadership	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Imagination and originality	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Emotional stability and maturity	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Capacity for accepting differences in people	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
Inspires confidence and loyalty in others	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Unable to rate
5. How would you rate applicant as a potential staff or volunteer member with the Camp Idlewild of Florida?
☐ Below Average ☐ Average ☐ Above Average ☐ Exceptionally Strong
6. Do applicant's personal traits, moral standards and character traits represent what you would expect of someone who will be working with individuals with special needs as a Camp Counselor, Counselor-In Training, Registered Nurse, Program Specialist, Food Service, Housekeeping Staff or Volunteer?
☐ Yes ☐ No If No, please explain _____

Please add any comments that you feel might assist in providing a complete overview of applicant's abilities and potential: _____

Signature _____

Date _____

Position _____

Phone _____