

# Longhorn Activity Center Staff Application 2018

Please indicate position you are seeking:

- Staff       Volunteer       Instructor

Please type or print all information – all **MUST** be legible.

Submit to the LAC Director: [LAC@longhorn.org](mailto:LAC@longhorn.org)

Or mail or fax to: Camping Registrar, 850 Cannon Drive, Hurst, Texas 76054. Office: 817-231-8537. Fax: 817-231-8600

## Personal Information

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (C:) \_\_\_\_\_ (H:) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on June 1st - at the beginning of summer camp: \_\_\_\_\_

\*Certain age minimums may be waived with prior camp staff experience. Must be required age for camp staff by June 1st.

**Check activities(s) desired to instruct.** All training and supplies will be provided.

### Advanced Training

- Lifeguard (15 yrs. min. age)
- Swim Instructor (ages 3-adults)
- Climbing Instructor
- Archery Instructor
- CPR certification (current)
- First Aid certification (current)

### Animals & Nature

- Astronomy
- Conservation / Leave No Trace
- Gardening
- Reptiles
- Birds

### Technology

- Robotics
- Programming
- Graphic Design

### Art

- Drawing & Painting
- Mobile Design
- Repurposing Recyclables

### Engineering

- Bridge Building
- Simple Machines
- Rocket Building
- Airplane Flight
- Space Exploration
- Sound & Light
- Rube Goldberg Designs

### Science

- Biology
- Chemistry
- Physics
- Electricity
- Magnetism
- Geology & Fossils
- Paleontology
- Dinosaur Dig

### Sports & Outdoors

- Swimming
- Bounce Houses
- Team Sports
- Disc Golf / Ultimate
- Kickball

Have you ever been convicted of a felony? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ Yes      \_\_\_\_\_ No

(You may answer **NO** if your conviction was ordered sealed, expunged or eradicated)

If YES, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered, including what you were convicted of and how long ago).  
Provide complete information about any conviction by attaching a separate statement.

Are you permitted to be lawfully employed within the United States? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you have any physical disabilities that might interfere with performance of the job that you are applying for?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If yes, explain: \_\_\_\_\_

**Select STEM Camp(s) to Staff**

**Spring Break Camp**

- March 12-16. 9 a.m. - 4 p.m.

**Summer STEM Day Camps**

- June 11-15
- June 19-22
- June 23-29
- July 9-13
- July 16-20

*Staffing hours may vary depending on job description.*

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## Educational Background

HIGH SCHOOL: \_\_\_\_\_ GRADE LEVEL COMPLETED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ MAJORS: \_\_\_\_\_ YEARS COMPLETED: \_\_\_\_\_

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List other youth group memberships:

List Civic/extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_

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## Employment History –

CURRENT EMPLOYMENT: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYMENT: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EMPLOYMENT: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## References

**Letter of Reference.** Please provide at least one letter of reference.

**Reference Listing.** List three people (other than immediate family) who know you from Work, School, Church, Civic Organizations, etc., who can be contacted for more information.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Staff should be available for the full season if possible. Please inform the Camp Director during the interview if you need an exception.

By signing below, I state that the information provided is true and factual. I know of no reason why my health would limit full Camp participation.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

If under 18, Parent or Guardian approval:

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**AN EQUAL OPPORTUNITY EMPLOYER. Tobacco and Substance Free Employer.**