



## Returning Support Staff Application

### Camps Leelanau & Kohahna

1653 Port Oneida Road  
Maple City, MI 49664

Tel. (231) 334-3808

FAX (231) 334-6238

Email: [office@leelanau-kohahna.org](mailto:office@leelanau-kohahna.org)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers License # and State: \_\_\_\_\_

Are you 18 years or older? (please circle one) Yes No Birthdate: \_\_\_\_\_

When did you last work at camp? \_\_\_\_\_ What was your job here? \_\_\_\_\_

What position(s) are you applying for? \_\_\_\_\_

Date you can start: \_\_\_\_\_ End date (if applicable): \_\_\_\_\_

Salary desired: \_\_\_\_\_

What job(s) have you held since you last worked at camp? \_\_\_\_\_

If it has been more than a year since you last worked at camp, please provide the name and telephone number for someone we may call for a work reference:

\_\_\_\_\_

Contact Person

Name of Business

Telephone Number

In case of an emergency, notify: \_\_\_\_\_

Name

Relation to you

\_\_\_\_\_

Address

Telephone Number

What did you enjoy most about working at camp? \_\_\_\_\_

“I certify that all the information submitted on this application is true and complete.”

\_\_\_\_\_

Date Signature

*For Official Use Only:*

Date of Interview: \_\_\_\_\_

Conducted by: \_\_\_\_\_