



2010 WISCONSIN ASSOCIATION OF SCHOOL COUNCILS, INC.  
**SUMMER LEADERSHIP WORKSHOP**  
**ADULT STAFF APPLICATION**

Please rank order the Level of camp(s) and week(s) preferred.  
 (First choice = 1)

*\* Staff Training begins on Friday prior to each camp week.*

|   |  |  |  |
|---|--|--|--|
| <p><b><u>LEVEL I</u></b></p> <p><input type="checkbox"/> Week 1<br/>July 18-22</p> <p><input type="checkbox"/> Week 2<br/>August 1-5<br/>Edgewood College</p> | <p><b><u>LEVEL II &amp; II.V</u></b></p> <p><input type="checkbox"/> June 20-24</p> <p><b>Edgewood<br/>College</b></p> | <p><b><u>LEVEL III</u></b></p> <p><input type="checkbox"/> July 11-15</p> <p><b>Edgewood<br/>College</b></p> | <p><b><u>LEVEL IV &amp; IV.V</u></b></p> <p><input type="checkbox"/> July 11-15</p> <p><b>O'Connor<br/>Center, Madison</b></p> |
|---|--|--|--|

**PLEASE PRINT**

|   |                                     |
|---|-------------------------------------|
| Last Name _____   | First _____                         |
| M/F: _____  |                                     |
| DOB: ____ - ____ - ____ E-mail: _____   |                                     |
| Myspace/Facebook address: _____   |                                     |
| Address: _____  |                                     |
| City: _____   | Zip: _____                          |
| Home Phone: ____ - ____ - ____  | Shirt Size: _____ HS Grad yr. _____ |
| City/School: _____  |                                     |
| School Phone: ____ - ____ - ____  |                                     |
| Principal: _____  |                                     |
| Best time/place to be reached: _____  |                                     |
| If you were on staff last year, it is only necessary to update the information in this box. |                                     |

**Number of Years of Educational Experience**

In Education \_\_\_\_ In Co-Curricular Activities \_\_\_\_  
 Teaching \_\_\_\_ Advising \_\_\_\_  
 Directing Student Activities \_\_\_\_ Administrating \_\_\_\_

**Camp Staff Experience**

Level I \_\_\_\_ Level III \_\_\_\_  
 Level II \_\_\_\_ Level IV/IV.V \_\_\_\_  
 Level II.V \_\_\_\_ Level V \_\_\_\_

List co-curricular activities you have advised/coached and number of years in each:

---

List student workshops/conferences/student activities you have experienced/participated in/presented at:

---

---

---

---

List major activities in which you have had a leadership role; briefly define role (prefer those in which students were involved):

---

---

---

---

List specific skills you possess which you think would be valuable in a student leadership workshop. Please define each skill briefly.

---

---

---

---

Why do you want to be a Leadership staff member?

---

---

---

---

---

---

**Please include 2 letters of recommendation; one letter from a recent employer (administrator, etc.) and/or other appropriate person in a supervisory role that can validate character, work ethic, and professionalism.**

Please check if applicable:

**Certified Life Guard.** If you checked yes, please attach a copy of your lifeguard certification to this application.

Please include a recent *snapshot* and return to:  
**WASC, 4797 Hayes Road, Suite #202, Madison, WI 53704-3292** by ***April 1, 2010!***

The WASC would like to have all staff selected and applicants notified early in May, 2010. If you have not heard and/or need to know if you were selected in order to resolve other summer opportunities and plans, please feel free to call the WASC State Office. (608) 241-7107 – [michellem@wasc.org](mailto:michellem@wasc.org) or [maryp@wasc.org](mailto:maryp@wasc.org)

# **DISCLOSURE OF PRIOR CRIMINAL CONVICTIONS**

Because the Wisconsin Association of School Councils is an advocate for youth, it is necessary for us to take proper precautions when hiring staff to work with students at our Summer Leadership Workshops. Therefore, we request the following information from you as potential employee, since you may have contact with students.

Have you ever been convicted of a crime, as an adult or a juvenile (other than minor traffic offenses), or received a verdict other than not guilty in any court or similar proceeding? If yes, please describe the offense and the date of the convictions. Or do you have a charge pending against you at this time? (If yes, please include the name of the court, city, county, and state).

(Prior convictions do not necessarily bar employment) \_\_\_\_\_ YES \_\_\_\_\_ NO

# **AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, authorize the Wisconsin Association of School Councils (WASC) to conduct a background investigation including, but not limited to, an investigation of my education, military, and criminal conviction records to ascertain any and all information that may be pertinent to my qualifications. I agree to cooperate in such an investigation, and release WASC, its directors, employees, and agents, and all persons and entities providing such information to WASC, from any and all liability in regard to requisition, supplying, or disclosing such information.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (if under 18) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please include completed form with your camp staff application.**