



Therapy Intensive Programs, Inc.
Kathy Berger, Director
♥ A Special Camp for Special Kids and their Families ♥

KRIS' CAMP STAFF APPLICATION

NAME:

DOB:

SSN (Social Security #):

(This is required by the IRS for all therapists and assistants grossing \$600 or more in the fiscal year.)

ADDRESS:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

EMAIL:

POSITION OF INTEREST:

- ☐ Therapist (type: _____)
- ☐ Assistant
- ☐ Volunteer
- ☐ Sib camp staff
- ☐ Cook

CAMPS/DATES AVAILABLE (refer to our website at www.kriscamp.org for camp dates; list exact dates for which you would be available and how many camps you are able to work).

Please note: Once you have submitted your application and availability, the program director will contact you with the camp dates where you would be most needed.

I AM INTERESTED IN TAKING THE ONLINE CONTINUING EDUCATION COURSE:

<http://www.sensorymotor-asd.net/>

1132 Green Hill Trace♥ Tallahassee, FL 32317
phone: 850-445-4821
fax: 877-267-9451
web: www.kriscamp.org
email: kberger62@gmail.com

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN WORKING AT KRIS' CAMP. (You may use the back of the application or additional pages as needed).:

PLEASE LIST ANY DIRECT EXPERIENCE OR EDUCATIONAL EXPERIENCE YOU HAVE HAD WORKING WITH CHILDREN, CHILDREN WITH DISABILITIES, ETC.

1. _____

2. _____

3. _____

DO YOU HAVE ANY HISTORY OF BACK PROBLEMS OR ANY MEDICAL PROBLEMS THAT MAY AFFECT YOUR VOLUNTEER WORK WITH KRIS' CAMP? PLEASE EXPLAIN.

PLEASE LIST REFERENCES THAT WE MAY CONTACT:

1. WORK REFERENCE:

COMPANY :

DATES OF EMPLOYMENT:

PERSON TO CONTACT:

ADDRESS:

PHONE :

2. EDUCATIONAL REFERENCE

SCHOOL/PROGRAM :

DATES ATTENDED:

PERSON TO CONTACT:

ADDRESS:

PHONE :

3. PERSONAL REFERENCE

PERSON TO CONTACT:

RELATIONSHIP:

ADDRESS:

PHONE :

PLEASE RETURN THIS APPLICATION, ALONG WITH 3 LETTERS OF REFERENCE (ONE MAY BE A PERSONAL REFERENCE) TO:

**KRIS' CAMP
1132 Green Hill Trace
Tallahassee, FL 32317**