



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

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## KRIS' CAMP STAFF APPLICATION

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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](http://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 ATTENDING THE CONTINUING EDUCATION COURSE IN:**

- Phoenix, AZ
- Idyllwild, CA

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3359 Creek Road ♥ Salt Lake City, UT 84121  
phone: 801-733-0721  
fax: 801-942-1750  
web: [www.kriscamp.org](http://www.kriscamp.org)  
email: [info@kriscamp.org](mailto:info@kriscamp.org)

**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.**

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**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**

3359 Creek Road, Salt Lake City, UT 84121  
or [leidy@kriscamp.org](mailto:leidy@kriscamp.org); or fax to: 801-942-1750