

# Camp Nashoba Day Staff Application 2026 AD 24.1

140 Nashoba Road Littleton, MA. 01460

Can you attend the weeks of camp from June 29 to August 21 and attend 3 staff orientation days prior to June 29? Yes No  
Which of the following weeks are you available? 6/29, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10, 8/17

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Tel \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

School or Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates @ address \_\_\_\_\_

Are you under 18 years? \_\_\_\_\_ Are you 21 years or older? \_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College/University \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Extra Curricular Activities: (Individual, Teams and Clubs in High School and College)

Camp Experiences: Please describe your camp experiences with the dates and name of camp as a camper or staff member.

Previous Employment and volunteer history over the past 5 years.

Employer \_\_\_\_\_ Contact person \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_ Contact person \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_ Contact person \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_ Contact person \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_ Contact person \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Dates \_\_\_\_\_

Do you have a US drivers license? \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

Can you row a boat? \_\_\_\_\_ Do you fish? \_\_\_\_\_ Have you ever driven a motorboat? \_\_\_\_\_ If yes please describe:

Can you provide your own transportation to and from camp? \_\_\_\_\_

References: Give names, full address, email address and current telephone numbers of 3 persons (not relatives, friends or students) who have knowledge of your character, skills and experience who are not affiliated with Camp Nashoba.

Name \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Tel \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Is there an age level which you feel most comfortable working with? \_\_\_\_\_

Is there an age level which you feel least comfortable working with? \_\_\_\_\_

Activity Choice #1 \_\_\_\_\_ Activity Choice #2 \_\_\_\_\_ Activity Choice #3 \_\_\_\_\_

Do you play a musical instrument? \_\_\_\_\_ If yes, what? \_\_\_\_\_ Do you sing? \_\_\_\_\_

The following is a list of specialties offered at camp. Please put a "T" after those you are competent to teach and a "H" after those which you pursue on a recreational level (hobby).

Arts & Crafts \_\_\_\_\_  
Knitting \_\_\_\_\_  
Basket Making \_\_\_\_\_  
Pottery Hand building \_\_\_\_\_  
Pottery Wheel \_\_\_\_\_  
Pottery Kiln \_\_\_\_\_  
Candle Making \_\_\_\_\_  
Bead Jewelry \_\_\_\_\_  
Batik \_\_\_\_\_  
Sewing by hand or machine \_\_\_\_\_  
Drawing \_\_\_\_\_  
Watercolor Painting \_\_\_\_\_  
Photography \_\_\_\_\_  
Yearbook \_\_\_\_\_  
Newspaper \_\_\_\_\_  
Wood working \_\_\_\_\_  
Carpentry \_\_\_\_\_  
Gardening \_\_\_\_\_  
Nature \_\_\_\_\_  
Fishing \_\_\_\_\_  
Nature Crafts \_\_\_\_\_  
Singing \_\_\_\_\_  
Dance \_\_\_\_\_

Piano \_\_\_\_\_  
Music \_\_\_\_\_  
Guitar \_\_\_\_\_  
Canoeing \_\_\_\_\_  
Kayaking \_\_\_\_\_  
Sailing \_\_\_\_\_  
Windsurfing \_\_\_\_\_  
Rowing \_\_\_\_\_  
Instructional Swimming \_\_\_\_\_  
Diving \_\_\_\_\_  
Waterskiing \_\_\_\_\_  
Wakeboarding \_\_\_\_\_  
Boat Driving \_\_\_\_\_  
Stand Up Paddle Boarding \_\_\_\_\_  
Other \_\_\_\_\_  
Sports \_\_\_\_\_  
Soccer \_\_\_\_\_  
Softball \_\_\_\_\_  
Basketball \_\_\_\_\_  
Group Games \_\_\_\_\_  
Double Dutch \_\_\_\_\_  
Mini Golf \_\_\_\_\_

Tennis \_\_\_\_\_  
Archery \_\_\_\_\_  
Bird watching \_\_\_\_\_  
Camp craft \_\_\_\_\_  
Cross Country Running \_\_\_\_\_  
Fitness \_\_\_\_\_  
Horseback Riding \_\_\_\_\_  
Horse Care \_\_\_\_\_  
Goat & Sheep Care \_\_\_\_\_  
Chicken Care \_\_\_\_\_  
Small Animal Care \_\_\_\_\_  
Aquatic Instructor \_\_\_\_\_  
Registered Nurse \_\_\_\_\_  
Maintenance \_\_\_\_\_  
Landscaping \_\_\_\_\_  
Pool Operations \_\_\_\_\_  
Food Service \_\_\_\_\_  
Extended Day \_\_\_\_\_

What is your swimming ability? \_\_\_\_\_ Are you willing to become a certified Lifeguard? \_\_\_\_\_ Water Safety Instructor? \_\_\_\_\_

What are your educational goals?

Please explain in detail why you would like to be a counselor at Camp Nashoba and why you are able to teach the above activities.

Attach additional pages if necessary.

Please describe details and dates of any previous experience working with children and details of any leadership roles held.

Please list all certifications with expiration date ie., First Aid, CPR, LGT, WSI, Pony Club, ARC Small Craft, Archery, etc...

Please list all babysitting experience include dates, age of children and total number of hours.

How did you hear about Camp Nashoba?

A counselor is expected to participate fully with campers in all activities, including swimming and sports. Do you have any impairment, physical or mental, which interferes with your ability to perform the job for which you have applied?

Are you available for an interview? If yes, where?

Are you willing to complete a voluntary disclosure statement? Yes No

This application will be valid for 120 days. If no decision is made by the camp as to employment within 120 days, another application should be filed if employment is still desired.

Camp Nashoba provides equal opportunities to employees and applicants without regard to race, color, religion, sex, national origin, age, disability or veteran status. All statements become part of any future employee personnel files. Completion of this application form does not require Camp Nashoba Day, Inc. to offer employment for any part of the season. The camp encourages people of any ethnic or national origin, color, religion, sex, age or disability to apply to the Camp. No question on this application is intended to secure information to be used for discrimination. Camp Nashoba Day is required by Massachusetts law to submit a CORI (Criminal Offender Record Information with Juvenile report) and SORI (Sex Offender Registry Information) on each staff person. The CORI regulations require that each applicant provide a government issued photo identification such as a driver's license, passport, state identification, etc... and that a copy of the id be kept on file with the camp.

Part of the camping experience involves activities and group interactions that may be new to staff members which may come with uncertainties beyond what is experienced at home. Such risks include uneven terrain, standing and moving water, forested and other areas that may result in wildlife encounters, including mammals, reptiles and insects including ticks and mosquitos that could result in infections and various insect transmitted diseases. I recognize that Camp Nashoba Day cannot guarantee that it is free from COVID-19, other pathogens and communicable diseases, and that as in any facility there is a risk of becoming ill. I am aware of these risks and am assuming them on behalf of myself. I realize that no environment is risk-free, and so I understand the importance of abiding by the camp's rules, and I agree that I am familiar with these rules and will follow them. I agree to release Camp Nashoba Day from all claims resulting from the risks reasonably associated with camp activities.

I hereby authorize Camp Nashoba Day, Inc. to thoroughly investigate my references, employment record and other matters related to my suitability for employment. By submitting this application you agree to the terms stated in the above paragraph, and confirm that all information that you are submitting is accurate.

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

1/15/2026

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. (105 CMR 430.190)