

# Assistant Director Application Camp Shazaam 2021

**JOB TITLE:** Assistant Director

**QUALIFICATIONS:** Applicants must be 18+ years old, and be girl-identified, non-binary, trans, or questioning.

**HOW TO APPLY:** Fill out this application and email to [peapodpdx@gmail.com](mailto:peapodpdx@gmail.com) or mail to Tara Sawyer, 515 NE Royal Court, Portland, OR 97232

**DEADLINE TO APPLY:** June 1, 2021

## **CAMP DESCRIPTION:**

Camps will be held outdoors. Campers and staff will wear masks and practice covid safety protocols. Camps will be held at Mt. Tabor Park and in the Laurelhurst Neighborhood. Camping weekend is in Le Center, WA. Please visit <https://www.peapodpdx.org/camp-shazaam> for complete descriptions of the camps.

## **JOB SUMMARY:**

Assistant Director will support Camp Shazaam Director by playing an active role in camp activities. The Camp will occur at Mt. Tabor Park. The Assistant Camp Director will report to the Camp Director, and work in concert with her and the Camp Mentors. Assistant Director will attend a mandatory training day with camp mentors on June 5<sup>th</sup> and participate in other planning activities TBD before camps begin on June 25<sup>th</sup>. Responsibilities will include: planning and leading activities, assisting in the set up, clean up, camper safety, acting as an advisor to camp mentors, assisting in crafts, games, quest, storytelling, and other creative camper led activities. Campers vary in age from 8 – 14 years old. Camp Mentors are 12-14 years old.

## **Duties include:**

- Work with and assist Camp Director as needed.
- Attend planning days, lead and assist in camp activities.
- Supervise Camp Mentors.
- Setup and Clean up. Must be willing and able to carry boxes of supplies into and out of the park for daily camp activities.
- Student safety. Assistant Director will work with Camp Mentors to make sure all campers are accounted for at all times.
- Assist with planning and running games and arts and crafts
- Participate in creation of imaginative play and storytelling.

## **Camp Hours:**

- June 21-25 will be 9:30am-2:30pm, Monday-Friday plus planning time TBD.
- June 28-July 2 will be 9am-12:30, Monday-Friday plus planning time TBD.  
July 2-July 4<sup>th</sup> will be 4pm Friday-1pm Sunday.

**Compensation:** \$13-\$18/hr based on experience.

**APPLICANT NAME:** \_\_\_\_\_

Age: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Date: \_\_\_\_\_

Which camps are you applying for (applicants may apply for either or both):  
\_\_\_\_\_ Feminism and the Art of Becoming (includes optional weekend field trip)  
\_\_\_\_\_ Bewitched

**REFERENCE:**  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Please answer the following questions:**

Why do you want this position?

What parts of the camp description and job summary are the most interesting to you?

Describe any experiences you have had working with kids and/or leadership positions/experience.

What would you bring to the experience? What are your strengths? Interests?

What would you find to be the most challenging part of this experience?

## CONTACT INFORMATION

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (FRIENDS, FAMILY, NEIGHBORS)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## MEDICAL INFORMATION

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Allergies, Dietary Restrictions, Special Needs or Medical Conditions:

\_\_\_\_\_

## AUTHORIZATION & CONSENT

**PHOTO CONSENT:** I give Camp Shazaam permission to photograph me (including video). If for publicity, I will be given notice of the use of any photo or footage. **Yes** **No**

**MEDICAL PERMISSION AGREEMENT:** In the event of an emergency, I hereby authorize Camp Shazaam staff to act on my behalf in securing medical attention, including first aid and hospital treatment if necessary. **Yes** **No**

**COVID CONCERNS:** I understand that I must wear a mask to participate and social distance as much as possible. I understand I should not come to camp if I have a temperature greater than 100.4 degrees F or other symptoms such as a persistent cough, fatigue, headaches, body aches, or shortness of breath. I understand that even though all precautions will be taken to run the camp safely, there are inherent risks and I will not hold Camp Shazaam responsible. **Yes** **No**

**VACCINE:** I understand that I am strongly encouraged to receive the Covid vaccine. **Yes** **No**

**EXECUTION:** In consideration for participation in Camp Shazaam activities, I agree to the terms and conditions set forth in this agreement. I understand that this is a binding legal document. I also understand the terms and conditions of this agreement. **Yes** **No**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_