**Opportunities Unlimited for the Blind**

**Summer 2024 Staff Application**

**Please download this form and email completed form to:**

**Gwen Botting, Executive Director**

[**Gwen@oubmichigan.org**](mailto:Gwen@oubmichigan.org)

**Or mail hard copies to:**

**Gwen Botting, Executive Director**

**4175 Westbrook Road, Ionia MI 48846**

**Programs are held at Camp Optimist, 10324 Lovers Lane, Grand Rapids, Michigan**

**OUB Office address: 4175 Westbrook Road, Ionia MI 48846**

**616-755-2221**

**General Information:**

Opportunities Unlimited for the Blind operates summer camps at Camp Optimist in Grand Rapids, MI, a rustic 103-acre wooded camp within close driving distance to area businesses. Accommodations are in tents on wooden platforms, with showers and flush toilets available in a separate building. The main lodge is air conditioned and heated. Meals are provided onsite. The last camp, our Adventure Trip, is to a rustic area for kayaking, hiking, and camping. Selected staff will attend the Adventure Trip. Recreation services such as swimming, boating and rock climbing are provided at Indian Trails Camp, a short drive from Camp Optimist. Summer camps begin, for most staff, on June 7 and run through July 29 with short breaks for some weekends, providing 7.5 weeks of employment. Some staff may start earlier in May or June. Salary is based on position, experience, and years working for OUB. Positions available in 2024 include the following:

• Camp Nurse (minimum credentials of First Responder or EMT)

•

‘• Program Assistant

• Driver/ Photographer/Videographer

•  Male or Female Counselor (also open to transgender or non-binary applicants)

Male or Female Counselor-In-Training

Kitchen Manager/Kitchen Assistant.

**Open Application Dates:**

Applications will be accepted from January 5, 2024 through March 31, 2024 Applications will not be accepted after this time, except by invitation only. Please send in your resume with your application. You do not need to fill out a Health History Form until our staff asks you to.  Vaccination for COVID-19 is recommended but not required.

**Applicant’s Information:**

**Please note, some information, such as race, is collected for grant reporting. Your cooperation is appreciated.**

**Name:**

**Address:**

**City/ State/ Zip Code:**

**Birthdate:**

**Race:**​​​**Ethnicity:**

**Gender:      Male     Female   Transgender     Non-binary**

**Home Phone Number:**

**Cell Phone:**

**Alternate Phone:**

**E-mail Address:**

**Emergency Contact Name:**

**Phone:**

**Email:**

**Highest level of education and year completed:**

*Major/Minor fields of study (if applicable):*

*Other Training (maximum of two full lines of text):*

**List the position(s) that you are applying for:**

**If you have special current certifications or licenses, please indicate in the space below. Special certifications or licenses may include nursing or other health care, teaching, water safety, lifeguard, Safeserve or other food service certificate, CPR/AED/First aid, etc. Please include your most recent certification date, the date of expiration on the certification, and a copy of your certification card with this application. Please include any additional endorsements, grade level, etc.**

**Certification:**​​​​​

​**Certification Date:**​​​​​

**Cerification:**

**Certification Date:**

​**Expiration Date:**​​​​​

​**Endorsements:**

**Expiration Date:**

​​​​​**Endorsements:**

**If applicable, are you willing to be trained as a Lifeguard?**

​I have a BSBP or Commission for the Blind Counselor.

​Name of Counselor

Office Name and location

Phone​​​​​  E-mail

**Past Employment:**

Provide the following information about your past employment. Include any volunteer or internship work you did for at least 6 consecutive weeks.

**Employer 1**

**Dates of employment:**

**Employer Name:**

**Phone:**

**Supervisor:**

**Nature of Work:**

**Reason for Leaving:**

**Employer 2**

**Dates of employment:**

**Employer Name:**

**Phone:**

**Supervisor:**

**Nature of Work:**

**Reason for Leaving:**

**Employer 3**

**Dates of employment:**

**Employer Name:**

**Phone:**

**Supervisor:**

**Nature of Work:**

**Reason for Leaving:**

**What experience do you have working with children or persons with blindness or low vision (maximum 6 lines of text)?**

**What experience do you have working with children or persons with other disabilities (maximum 6 lines of text)?**

**Have you ever attended any camps as a camper (yes or no)?**

**If yes, Name and Type of camp (maximum 2 lines of text):**

**How did you learn about our camp (maximum 2 lines of text)?**

**Write a short paragraph about yourself.***What makes you unique?***(maximum 10 lines of text)**

**What experience do you have with residential summer camps?(maximum 6 lines of text)**

**What experience do you have with wilderness camping?(maximum 6 lines of text)**

**What camping/survival skills do you have? (maximum 6 linesof text)**

**Describe your estimation of your ability to adapt to new situations: (maximum 6 lines of text)**

**List some activities or skills at which you excel and would be confident teaching to others: (maximum 6 lines of text)**

**What do you want campers to learn from you this summer?(maximum 6 lines of text)**

**Why do you want to join the OUB Summer staff? (maximum 6 lines of text)**

**What do you think you would gain personally by working at OUB Camps? (maximum 6 lines of text)**

**What are the major strengths of your personality? (maximum 6 lines of text)**

**What are the major weaknesses of your personality? (maximum 6 lines of text)**

**Living and working in a camp environment means long hours and little privacy. Describe how you would best deal with the stress of living in close quarters without air conditioning and living in tents for an extended period of time (maximum 10 lines of text):**

**What five adjectives would a close friend use to describe you?**

**References:**

**State law requires three references. Applications without this section filled in completely will not be considered for employment. References WILL be contacted.**

**List three people (not relatives) who have knowledge of your character, experience and ability.**

**Reference 1:**

**Name:**

**How do you know this person?**

**Do you have this person’s permission to use them as a reference?**

**Telephone Number:**

**Email:**

**Address (include city, state and zip code):**

**Reference 2:**

**Name:**

**How do you know this person?**

**Do you have this person’s permission to use them as a reference?**

**Telephone Number:**

**Email:**

**Address (include city, state and zip code):**

**Reference 3:**

**Name:**

**How do you know this person?**

**Do you have this person’s permission to use them as a reference?**

**Telephone Number:**

**Email:**

**Address (include city, state and zip code):**

**Criminal background checks are required on all persons prior to employment.**

**Have you ever been convicted of a felony (Yes or No)?**

OUB complies with the Elliott-Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2101 et seq. the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq. and all other federal, state and local fair employment practices and equal opportunity laws and covenants that it shall not discriminate against any employee or applicant for employment, with respect to his or her hire, tenure, terms, conditions, or privileges of employment, or any matter directly or indirectly related to employment, because of his or her race, religion, color, national origin, age, sex, height, weight, marital status, or physical or mental disability that is unrelated to the individual’s ability to perform the duties of a particular job or position.

**I certify the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment. I authorize the verification of all information listed above.**

**Signature:**​​​​​​​

(either scan and email or sign in person at a later date at employer's discretion)

**Date:**​​​​

**If you have any questions about this application, contact Gwenat:**[**gwen@oubmichigan.org**](mailto:gwen@oubmichigan.org)

**Please email completed form to the address above or mail a printed copy to the office address:**​**Gwen Botting, Executive Director**

​​​**4175 Westbrook Road**

​​​**Ionia, MI 48846**

Thank you for your time to complete this form.