



Welcome!

C.A.M.P. University is a non-profit organization that provides opportunities for special needs young adults to continue developing life and social skills after high school and provides a respite for their families.

While working at CAMP you will be asked to assist the CAMPers and in doing so enhance their quality of life, knowledge, and abilities. You will be assigned a day or days to plan a lesson that will teach a skill or expand the CAMPers thought process and knowledge base. Our team works very closely so feel free to ask for guidance. Staff members are also responsible for the safety and wellbeing of the CAMPers.

As a leader we expect you to take initiative, be engaging, and participate. Please don't wait to be asked. Some activities may require you to help transport CAMPers. If you are willing to help we will need to make a copy of your driver's license and insurance.

Here's how to get started:

- Complete the form for a background check.
 - This includes providing your ID, social security card, and \$5 to cover the cost.
- Complete the application.
- Sign the confidentiality form.
- Provide a copy of your driver's license and proof of car insurance.

Your willingness to help our CAMPers reach their maximum potential is to be commended and we appreciate your help. If you have any questions about this process please contact us by phone at 956-800-5292 or by stopping by between the hours of 8:30-4:40 Monday through Friday.

C.A.M.P. University does not discriminate on the basis of race, color, ethnicity, religion, age, or gender in its admissions policies or program.



Confidentiality Policy

All information concerning clients, former clients, our staff, volunteers, and personal data, medical records, financial data, and business records of [C.A.M.P. University] is confidential. “Confidential” means that you are free to talk about [C.A.M.P. University] and about your program and your position, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff, and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

[C.A.M.P. University] expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. General information, policy statements or statistical material that is not identified with any individual or family is not classified as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients.

Failure to maintain confidentiality may result in termination of your employment, or other corrective action. This policy is intended to protect you as well as [C.A.M.P. University] because in extreme cases, violations of this policy also may result in personal liability.

Rational

Confidentiality is the preservation of privileged information. By necessity personal and private information is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is confidential in terms of the law, and disclosure could make you legally liable. Disclosure could also damage your relationship with the client and make it difficult to help the person.

Before you begin your assignment as a staff member/volunteer, you should be aware of the laws and penalties for breaching confidentiality. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could result in the agency’s refusal to support you in the event of legal action. Violations of the state statutes regarding confidentiality of records is punishable upon conviction by fines or by imprisonment or by both.

Certification

I have read [C.A.M.P. University]’s policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my services with [C.A.M.P. University].

Signature _____ Name _____ Date _____



Staff Application

Applicant Information:

Name: _____ Female Male

Home Phone: _____ Cell Phone: _____ Birth Date: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Desired Position _____ Desired Salary _____ Full-Time Part-Time

Are you 18 year of age or older? yes / no Referred by _____

Are you a citizen of the United States? yes / no If no, are you authorized to work in the U.S.? yes / no

Have you ever worked for C.A.M.P. University? When? _____

Education:

Highschool: _____ Graduation Date: _____

College: _____ Graduation Date: _____

Major(s) _____ Minor(s) _____

College: _____ Graduation Date: _____

Major(s) _____ Minor(s) _____

Please list any academic or extracurricular clubs, organizations, professional societies, honor societies, leadership positions, etc.:

Please list any certificates or credentials you currently hold:

Please list any courses, seminars, apprenticeships, workshops, talents, etc., pertinent to this position:

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Vehicle:

Make / Model / Year: _____

Copy of Insurance Card: yes / no Effective Date: _____ Expiration Date: _____

Please bring your driver's license and proof of insurance to your interview

Previous Employment:

Company 1: _____ Phone: _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From _____ To _____ Reason for Leaving: _____

May we contact your previous supervisor? Yes / No Supervisor Name: _____

Company 2: _____ Phone: _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From _____ To _____ Reason for Leaving: _____

May we contact your previous supervisor? Yes / No Supervisors Name: _____

Company 3: _____ Phone: _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From _____ To _____ Reason for Leaving: _____

May we contact your previous supervisor? Yes / No Supervisors Name: _____

Additional Questions:

Why do you want to work at C.A.M.P. University?

In addition to your formal education, do you possess any skills, talents, etc. that might be beneficial to this position?

References:

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Background Inquiry (Required for direct work with C.A.M.P. University students)

Due to the nature of the disabilities of the clients at C.A.M.P. University, it is our policy to provide a safe and secure environment by ensuring the integrity and honesty of our employees. For this reason, we ask that you complete the questions below.

Are you willing to complete a background check? Yes No

Have you been convicted under the Texas Controlled Substances Act? yes / no

If so, when? _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? yes / no

If so, when? _____

Please Explain: _____

Confidentiality Agreement:

It is understood and agreed to that certain information regarding C.A.M.P. University individuals must be kept confidential in order to respect and protect their identities. Please refrain from disclosing personal information including but not limited to full names, diagnosis, personal history and addresses of the individuals as well as any photography or sound recordings to anyone that is not directly affiliated with C.A.M.P. University unless prior permission is granted.

I, _____, have read, understand and voluntarily accept this agreement.

Signature: _____ Date: _____

Disclaimer and Signature:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize C.A.M.P. University to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of C.A.M.P. University serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

Signature: _____ Date: _____