

# UPWARD BOUND SUMMER STAFF APPLICATION

## Personal Information:

Last Name	First Name		Middle Name or Initial		Date of Birth
Preferred Name (if different)		Sex	Gender		Pronouns: he/she/they (optional)
Present Address (Number, Street, Date Residence Expires)		City	State	Zip Code	Area Code & Phone Number ( )
Permanent Address (if different from above)		City	State	Zip Code	Area Code & Phone Number ( )
Email Address		Best time(s) of day to reach you by phone			

## Staff Position(s) Desired: rate in order of preference if applying for more than one position

<ul style="list-style-type: none"> <li>Residential Coordinator</li> <li>Assistant Residential Coordinator</li> <li>Residential Advisor (RA)</li> <li>RA Night Duty</li> </ul>	1st Choice:	3rd Choice:	
	2 <sup>nd</sup> Choice:	4th Choice:	
Dates of availability: (When can you start? When must you end?)		Start date	End date

## Work Experience (paid or volunteer):

Name of Employer	Title or Position			
Description of duties/role:				
Address		City	State	Zip Code
Employment Dates (Month & Year) From: To:		Name and Title of Immediate Supervisor		Area Code & Phone Number ( )

Name of Employer	Title or Position			
Description of duties/role:				
Address		City	State	Zip Code
Employment Dates (Month & Year) From: To:		Name and Title of Immediate Supervisor		Area Code & Phone Number ( )

Name of Employer	Title or Position		
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Description of duties/role:			
Address		City	State Zip Code
Employment Dates (Month & Year)		Name and Title of Immediate Supervisor	
From:	To:	Area Code & Phone Number ( )	
Name of Employer		Title or Position	
Description of duties/role:			
Address		City	State Zip Code
Employment Dates (Month & Year)		Name and Title of Immediate Supervisor	
From:	To:	Area Code & Phone Number ( )	

## Training/Certification

Check courses taken for special skills, current certification or leadership. Indicate expiration date. (Proof of certification will be required.)

First Aid <input type="checkbox"/>	CPR <input type="checkbox"/>	Life Guarding Experience <input type="checkbox"/>	Teaching Certificate <input type="checkbox"/>
Expires:	Expires:	Expires:	Expires:
Are 21 or older AND possess a valid driver's license. (This is not a requirement for employment; however, some staff duties may include driving rental vehicles.) <input type="checkbox"/>			
If so, are you available to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's license # _____ State _____			
Expiration Date:			
DMV records will be obtained and reviewed for employees for whom driving is a job responsibility.			

## Skills/Interest Areas

Please rate your proficiency in the following activities by writing the number that best matches your skill level next to the activity.

0=No Experience 1=Participated in Activity 2=Qualified to Assist 3=Qualified to Teach/Lead

**Language Arts**

English Composition  
 English Literature  
 Language other than English:  
 Speaking  
 Reading  
 Writing  
 American Sign Language  
Other:

**Sciences**

Biology  
 Chemistry  
 Physics  
Other:

**Math**

Algebra 1  
 Geometry  
 Algebra 2  
 Pre-Calculus  
 Other:

**Visual and Performing Arts**

Theatre/ Drama  
 Dancing/ Choreography  
 Music  
 Tie Dye  
 Drawing Sketching  
 Knitting/ Weaving  
 Video/ DVD Production  
 Digital Photography  
Other:

**Team Building:**

New Games  
 Team Initiatives  
 Low Ropes  
Other:

**Sports:**

Basketball  
 Baseball/ softball  
 Soccer  
 Pickle Ball  
 Football  
 Volleyball  
 Weight lifting  
Other:

## References

List 3 people **NOT** related to you who can attest to your qualifications for the position for which you are applying. Include one of your previously listed employers. A minimum of 2 references are required in order to complete the hiring process for new staff members, and 1 reference is required for returning staff.

Name	Profession	Area Code & Phone Number	Business or Home Address / Email
		Bus. (      ) Home (      )	Address: Email:
		Bus. (      ) Home (      )	Address: Email:
		Bus. (      ) Home (      )	Address: Email:

I hereby authorize College of the Redwoods to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to College of the Redwoods any and all letters, reports and other information related to my work records, without giving prior notice of such disclosure. In addition, I hereby release College of the Redwoods, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

(Check all that apply)  
 Present Employer  
 Previous Employers  
 References Listed

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

Please save and email your completed application, a cover letter, resume, and your most recent

academic transcripts to: [heidi-bareilles@redwoods.edu](mailto:heidi-bareilles@redwoods.edu)

Form last updated: 2/4/2025