

Sail Camp Job Description

TEACHING ASSISTANT

Submission deadline: April 30, 2025

Responsible to: Head Instructor

Time requirement: Four weeks, Monday-Friday, June 2-27, 2025, plus two days for Staff Orientation on May 31-June 1, 2025. Optional week 5 STEM session.

Compensation: This is a volunteer position with an honorarium of \$100/wk. Lunches are provided. \$50/week bonus with Lifeguard certification.

Qualifications:

- Must turn 16yrs during the calendar year of camp.
- This position is designed to provide leadership and teaching experience for young sailors without their US Sailing Small Boat Instructor Level 1 Certification.
- TWRA Boating Safety Education certificate.
- Completed US SAILING Red Book qualifications a benefit.
- First Aid/CPR certification a benefit.
- Experience in working with children a benefit.
- Able to accept supervision and relate to camp staff in a team environment.
- Good character, flexible, positive outlook, patience, problem solver, good people skills, effective communication skills.
- Organized and responsible.
- Able to lead by example.

General Responsibilities:

- Use the CSC Sail Camp Goals & Objectives to provide a positive sailing education experience for youths aged 8 through 16 years.
- Work under the direction of the Head Instructor, Shore Director and your assigned Sailing Instructor
- Assist in conduct of on-water instructional activities for a group of students.
- Supervise, motivate and evaluate your students.
- Acquire additional personal and life skills through working in a team environment.
- Keep up with boat, equipment and facility conditions and repairs.

Specific Responsibilities:

- Attend a mandatory STAFF ORIENTATION.
- Read and understand the staff manual and safety procedures.
- Arrive on time and attend daily STAFF MEETINGS. Encourage team work, with all working for better camp experience.
- Sailing and water related skills should be taught from 9am-5pm.
- Work on boat maintenance or shore activities in afternoon.
- Be willing to accept responsibilities which are necessary for the good of the camp.
- Be responsible for following the rules, policies and traditions of camp.
- Set an example by your appearance, conduct, language and habits (e.g.: sunscreen, shoes, PFD).
- Lead one lesson a week under your Instructor's supervision.
- Evaluate Instructor, camper and overall Camp performance.

Application Instructions:

Fill in the attached application form and submit this digitally to the Sail Camp Director. The Staff Medical Form and W-9 should be filled in and submitted after your application has been accepted. To protect your privacy, medical and financial information should be submitted in hard copy only to the Sail Camp Director or Head Instructor at the Staff Orientation Meeting.

CSC Sail Camp TA Application

Name: _____ Date of birth: _____ Gender: _____

Home Address: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Text (y/n)? _____ T-shirt size: _____

Weeks Available for Camp: ☐ June 2-6, ☐ June 9-13, ☐ June 16-20, ☐ June 23-27

Available for STEM session if requested by Head Instructor: ☐ June 30-July 3

Other Certifications (First Aid/CPR, lifeguard): _____

Past Sailing Experience (years at Camp, type of boats, racing, cruising etc):

Why do you want to work at Sail Camp this year?

What Fleet or age group would you like to work with and why?

What strengths do you think you could bring to energize camp?

What are your biggest weaknesses and how will you deal with them in a camp environment?

Please fill out this form electronically and send it to Jeff Gamey (Sail Camp Director) at concord sail@gmail.com by **April 30, 2025**. Applications will be forwarded to the Head Instructor who will contact you. In lieu of email, completed hard copies may be mailed to:

Jeff Gamey, 240 Gum Hollow Rd., Oak Ridge, TN 37830

CSC Sail Camp 2025 Staff Medical Form

Access restricted to CSC Management with immediate responsibility for staff only.

Full Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Date of birth (mm/dd/yy): _____ Date of last tetanus shot: _____

Emergency contact person: _____ Relation: _____

home phone: _____ work phone: _____ cell phone: _____

List any medical factor that would be pertinent in an emergency
(e.g. allergies, current medications, blood type, history of seizures, etc)

Physician's name: _____

Address: _____

Phone: _____

Health Insurance company: _____

Policy Number: _____

Group Number: _____

Medical Release and Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the Sail Camp Director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the person named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Sail Camp Director to secure and administer treatment, including hospitalization.

Staff Name _____ Signature _____ Date _____

Parent/Guardian (if minor) _____ Signature _____ Date _____

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </div> <div style="width: 45%;"> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> </div> </div>		
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
5 Address (number, street, and apt. or suite no.) See instructions.		
6 City, state, and ZIP code		
7 List account number(s) here (optional)		
Requester's name and address (optional)		
Part I Taxpayer Identification Number (TIN)		
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.		
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Social security number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 20%; text-align: center;">[] [] [] []</div> <div style="width: 20%; text-align: center;">-</div> <div style="width: 20%; text-align: center;">[] [] [] []</div> <div style="width: 20%; text-align: center;">-</div> <div style="width: 20%; text-align: center;">[] [] [] []</div> </div> </div> <div style="width: 35%;"> or Employer identification number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 20%; text-align: center;">[] [] [] []</div> <div style="width: 20%; text-align: center;">-</div> <div style="width: 20%; text-align: center;">[] [] [] []</div> <div style="width: 20%; text-align: center;">[] [] [] []</div> </div> </div> </div>		
Part II Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and		
3. I am a U.S. citizen or other U.S. person (defined below); and		
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.		
Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
General Instructions		
Section references are to the Internal Revenue Code unless otherwise noted.		
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 .		
Purpose of Form		
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.		
<ul style="list-style-type: none"> • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) 		
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.		
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding</i> , later.		
<div style="display: flex; justify-content: space-between;"> Cat. No. 10231X Form W-9 (Rev. 10-2018) </div>		