

**FOR OFFICE USE ONLY**

Date App Rcd \_\_\_\_\_  
Ref #1 Rcd \_\_\_\_\_  
Ref #2 Rcd \_\_\_\_\_  
Ref #3 Rcd \_\_\_\_\_  
Interview Date \_\_\_\_\_  
Contract Sent \_\_\_\_\_  
Contract Rcd \_\_\_\_\_  
W-4 Rcd. \_\_\_\_\_  
Health Form Rcd \_\_\_\_\_



*Where children with cancer  
find a new beginning every day...*

**CAMP EMPLOYMENT APPLICATION**

**Please bring a  
current photo to  
your interview to  
be used for  
identification  
purposes.**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer / School \_\_\_\_\_

Employer / School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax if available \_\_\_\_\_ Alternate Email \_\_\_\_\_

Position Desired \_\_\_\_\_

Minimum Acceptable Salary \_\_\_\_\_

Would you be available to attend a personal interview? \_\_\_\_ Yes \_\_\_\_ No

**Education**

High School \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Graduated \_\_\_\_\_

College/University \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Graduated \_\_\_\_\_

Major/Minor \_\_\_\_\_

Are you a licensed teacher? State Degree and effective date \_\_\_\_\_

Fluency: \_\_\_\_ Spanish \_\_\_\_ Other, please indicate. \_\_\_\_\_

**Camp/Teaching/Community Center Experience**

1. Year (s) \_\_\_\_ Agency

Name \_\_\_\_\_

Address/Phone \_\_\_\_\_

Your position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

2. Year (s) \_\_\_\_ Agency

Name \_\_\_\_\_

Address/Phone \_\_\_\_\_

Your position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

3. Year (s) \_\_\_\_ Agency

Name \_\_\_\_\_

Address/Phone \_\_\_\_\_

Your position \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

*For additional experience, note here \_\_\_\_\_, and continue on an attached sheet.*

**Certifications:** (please attach copies of certification cards)

CPR       AED       Lifeguard       WSI       First Aid       Ropes

Archery       Other \_\_\_\_\_      Are you an EMT?  No  Yes



**References:**

Please list 3 personal references (other than relatives) that we may contact who have knowledge of your character, experience and ability. Please give one of the enclosed Personal Reference Forms to each of the individuals listed to be completed and returned to Sunrise Day Camp.

**References – (minimum of three required; at least two work references and one personal)**

**Personal - Other than relatives**

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Relationship \_\_\_\_\_ Length of time known \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Relationship \_\_\_\_\_ Length of time known \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Relationship \_\_\_\_\_ Length of time known \_\_\_\_\_

**References – Current or Past Employers**

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Relationship \_\_\_\_\_ Length of time known \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Relationship \_\_\_\_\_ Length of time known \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address/City \_\_\_\_\_  
 Relationship \_\_\_\_\_ Length of time known \_\_\_\_\_

**AUTHORIZATION TO CHECK CRIMINAL RECORDS**

I, \_\_\_\_\_, hereby authorize Sunrise Day Camp to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Applicant)



**PLEASE RETURN APPLICATION TO:**  
**Sunrise Day Camp**  
**Friedberg Jewish Community Center**  
**15 Neil Court, Oceanside, NY 11572**  
**Phone: 516-766-4341 Fax: 516-766-0513**