

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...*

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

Camp Employment Application

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

Please answer the following questions to the best of your ability.

1. Do you have child care experience? ___ Yes ___ No
If yes, age of children _____ Name and number of childcare parent/adult _____
2. Why do you want to work at a summer day camp. Specify what personal characteristics and skills you feel you would bring to this position . _____

3. Please describe briefly what comes to mind when you hear the word 'camp'.

4. List subjects, activities that you could lead (L) or assist (A)
 Music L A Arts and crafts L A Drama L A Nature L A
 Dance L A Archery L A Sports (specify sport) L A _____
 Other _____ L A Do you play an instrument? _____
5. Describe your experience in working with children, including, but not limited to any who have or have had cancer: _____

6. Have you had any camp counseling or related experiences? Please include role, age group, location and dates? _____

7. What contributions do you think you can make at Sunrise Day Camp to fulfill the special needs of children with cancer ? _____

8. What contributions do you think Sunrise Day Camp can make to these children?

9. List activities and games that you could lead:

Inside Group Activity	Outside Playing Field Activity
_____	_____
_____	_____
_____	_____

Personal Information

1. Do you have physical limitations? If yes, please specify _____

2. Are you currently taking medication? If yes, please specify _____

3. Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses?
Y N If so, please explain. _____

May we publish your address, phone number and email address in the Counselor Directory? Y N
May we publish your address in the Camper Directory? Y N

Circle T Shirt Preference Size: S M L XL XXL

Dietary Needs: Restrictions: _____ No restrictions _____ Vegetarian _____

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