

**FOR OFFICE USE ONLY**

Date Application Sent \_\_\_\_\_

Date Application Recd. \_\_\_\_\_

Date Contract Sent \_\_\_\_\_

Date Program Material Sent \_\_\_\_\_

# Application for Returning Staff Position



- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <b>ECC Camp</b><br><i>must be 18 years old by 6/1/2013.</i>                 | <input type="checkbox"/> <b>Day Camp Unit 78</b><br>7 <sup>th</sup> – 8 <sup>th</sup> grades<br><i>must be 18 years old by 6/1/2013.</i> | <input type="checkbox"/> <b>Cooking Camp</b><br>4 <sup>th</sup> – 6 <sup>th</sup> grades<br>6/17 – 6/28 | <input type="checkbox"/> <b>Sports Camp Bet</b><br>3 <sup>rd</sup> – 6 <sup>th</sup> grades                       |
| <input type="checkbox"/> <b>Day Camp Chalutzim One</b><br>1 <sup>st</sup> grade                      | <input type="checkbox"/> <b>Art Camp</b><br>1 <sup>st</sup> – 6 <sup>th</sup> grades   | <input type="checkbox"/> <b>Circus Camp</b><br>1 <sup>st</sup> – 6 <sup>th</sup> grades<br>6/3 – 6/14   | <input type="checkbox"/> <b>Go Girl Go Sports Camp</b><br>1 <sup>st</sup> – 6 <sup>th</sup> grades<br>7/15 – 7/26 |
| <input type="checkbox"/> <b>Day Camp Chalutzim Aleph</b><br>2 <sup>nd</sup> – 3 <sup>rd</sup> grades | <input type="checkbox"/> <b>Science Camps</b><br>1 <sup>st</sup> – 6 <sup>th</sup> grades  | <input type="checkbox"/> <b>Sports Camp Aleph</b><br>1 <sup>st</sup> – 2 <sup>nd</sup> grades           | <input type="checkbox"/> <b>Specialist Sports Art</b>   |
| <input type="checkbox"/> <b>Day Camp Chalutzim Bet</b><br>4 <sup>th</sup> – 6 <sup>th</sup> grades   |  |   |   |

(Please print all information)

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

Position Applying For: \_\_\_\_\_

Dates available for summer position: \_\_\_\_\_

## PERSONAL DATA

Full Name \_\_\_\_\_ Gender  M  F SS#/SI#: \_\_\_\_\_

Age (June) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone (Area Code) \_\_\_\_\_  
Street # \_\_\_\_\_

Present Address \_\_\_\_\_ Phone (Area Code) \_\_\_\_\_  
City & State/Province \_\_\_\_\_ Zip Code/Postal Zone \_\_\_\_\_  
Street # \_\_\_\_\_  
City & State/Province \_\_\_\_\_ Zip Code/Postal Zone \_\_\_\_\_

Until what date is the present address valid? \_\_\_\_\_ Address as of May-June:  Permanent  Present

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus/Day Phone \_\_\_\_\_

Specify Physical limitation(s): \_\_\_\_\_

Synagogue Affiliation: Congregation \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Present School Status: \_\_\_\_\_ Major: \_\_\_\_\_

College/University Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ Yr. Grad.: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Yr. Grad.: \_\_\_\_\_

## MOST RECENT GENERAL EMPLOYMENT EXPERIENCE

Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_ Fax \_\_\_\_\_

Position \_\_\_\_\_ Dates \_\_\_\_\_ Salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Describe responsibilities of position \_\_\_\_\_

# REFERENCES

List two people, other than relatives or personal friends, who know you personally. They should be able to reflect on your experiences/growth this past year. One should be someone who has worked or supervised you in a Jewish setting, if possible. Please give complete names and addresses.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street #  
 \_\_\_\_\_ Fax \_\_\_\_\_  
City & State/Province Zip Code/Postal Zone

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street #  
 \_\_\_\_\_ Fax \_\_\_\_\_  
City & State/Province Zip Code/Postal Zone

SKILLS	PROFICIENCY	TYPE
ARTS & CRAFTS	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert	
SPORTS / GAMES	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert	
DRAMA / DANCE	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert	
MUSIC	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert	
AQUATICS	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert	
OUTDOOR SKILLS	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert	
CPR CERTIFICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO (please check)	

What are you interested in doing at camp this summer? Please put in order of your priorities. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you taken any recent courses or had recent experiences that would be helpful at camp this summer? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Salary/Other Expectations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature _____ Date _____
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