

FOR OFFICE USE ONLY

Date application recd. _____

Date ref #1 recd. _____

Date ref # 2 recd. _____

Interview date _____

Contract Sent NJ New Hire

Contract Health Form

W4 Social Security

Camp 2010
Monday, June 28 – Friday, August 20



Please attach
current photo for
identification purposes

Mr./ Ms. _____ SS# _____

Age _____ DOB _____ Home Phone (Area Code) _____ Cell Phone _____

Address _____

Email Address _____

Drivers License Number _____ State _____ Exp Date _____

Do you have children attending camp this summer? _____

Do you have any physical or psychological conditions that might limit your participation in certain activities? _____

If yes, please explain _____

Please indicate any conflicts with working the full camp season _____

POSITION APPLYING FOR

Indicate the position you are applying for:

CIT (Counselor In Training) (15 or entering 10th grade Chaverim, Yeladim, Megalim, Sabra only) _____

Assistant to a Specialist (entering Grade 11 Fall 10, but not 16 before June 28, 2010) _____

Junior Counselor (16 years as of the first day of camp 2010) _____

Senior Counselor (18 years or HS grad as of first day of camp 2010) _____

Lifeguard _____ WSI (Water Safety Instructor) _____

Specialist _____ Indicate specialty area _____

Administrative Staff _____ Shadow Counselor _____

Indicate the age group you prefer to work with:

Chaverim (2 through 5 years) _____ Yeladim (4 years old and Kindergarten) _____ Megalim (1st grade) _____

Sabra (2nd & 3rd grade) _____ Olim 1 Travel (3rd grade) _____ Olim 2 Travel (4th grade) _____

Tsofim Travel (4th & 5th grade) _____ Na'arim Travel (5th & 6th grade) _____ Chalutzim Travel (7th and 8th grade) _____

BUS COUNSELOR INFORMATION FOR JUNIOR COUNSELORS AND TRAVEL COUNSELORS:

-Riding a bus route to and from camp is mandatory for all junior counselors and travel counselors

EARLY AND LATE STAY INFORMATION – SENIOR COUNSELORS ONLY

___ (Please check) I am interested in being placed on the list of potential early/late stay staff at the JCC. I understand that Early Stay hours will be from 7:45-8:45 am; Late Stay hours from 4:00-6:00 pm. I understand that this is not a guaranteed position and I will be notified by June if chosen.

VACATION ZONE INFORMATION

___ (Please check) I am interested in working the 9th week of camp during the Vacation Zone program. This program will run, August 23 – September 3.

CERTIFICATIONS

Do you have Red Cross Certification as:

Lifeguard

WSI

CPR

AED

First Aid

Ropes

Other: _____

Expiration Dates _____

Are you an EMT? _____

Other Certifications: (Please List) _____

EDUCATIONAL BACKGROUND

High School Attended _____ Current Grade _____ Year Graduated _____
College/University Attended _____ Current Year _____
Year Graduated _____ Area of Study / Degree _____

GENERAL EXPERIENCE, SKILLS, INTERESTS, AND ABILITIES

Where and when did you attend camp as a camper?

Camp Name _____ Years Attended _____
Camp Name _____ Years Attended _____

What is your professional goal and how could this employment relate to it? _____

Organizational Affiliations (i.e. clubs, youth groups, school activities, professional associations) _____

Do you play a musical instrument(s)? ___ If so, which one(s) _____

Check items in which you have some skill. Double check those you are proficient in and can teach or lead.

Music <input type="checkbox"/>	Song leading <input type="checkbox"/>	Photography <input type="checkbox"/>	Arts/Crafts <input type="checkbox"/>	Swimming <input type="checkbox"/>
Dance <input type="checkbox"/>	Nature <input type="checkbox"/>	Camp Craft <input type="checkbox"/>	Creative Writing <input type="checkbox"/>	Drama <input type="checkbox"/>
Computer <input type="checkbox"/>	Ropes Course <input type="checkbox"/>	Soccer <input type="checkbox"/>	Basketball <input type="checkbox"/>	Baseball <input type="checkbox"/>
Tennis <input type="checkbox"/>	Gymnastics <input type="checkbox"/>	Cooking <input type="checkbox"/>	Judaic <input type="checkbox"/>	Circus skills <input type="checkbox"/>

EMPLOYMENT EXPERIENCE

CAMP, TEACHING AND CHILDCARE EXPERIENCE

Organization _____ Position _____

Dates _____ to _____ Supervisor _____

Responsibilities of the position _____

Organization _____ Position _____

Dates _____ to _____ Supervisor _____

Responsibilities of the position _____

GENERAL EMPLOYMENT EXPERIENCE

Organization _____ Position _____

Dates _____ to _____ Supervisor _____

Responsibilities of the position _____

Organization _____ Position _____

Dates _____ to _____ Supervisor _____

Responsibilities of the position _____

REFERENCES

Please be sure to provide two references other than relatives or personal friends, using the enclosed reference forms, to be returned directly to the camp office. The references should be from someone who has worked with you or supervised you, someone you baby sit for, a club advisor, teacher, coach, etc. Interviews will not be scheduled until both reference forms are received by the camp office. (If you have worked in camp last summer you are not required to fill out these reference forms.)

INTERVIEWS

A personal interview is required for employment at the JCC camp. Group interviews will be held for prospective CITS and Junior Counselors. Please indicate which group interview you would like to attend.

CITS: Thursday, December 3, 7 pm Tuesday, December 15, 7 pm

JC/Asst. Specialist: Tuesday, November 3, 7 pm Monday, November 23, 7 pm Wednesday, December 9, 7 pm

All prospective Senior Counselors, Specialty Instructors, Administrative Staff, Waterfront Staff and others will be contacted to set up a personal interview.

TO BE COMPLETED BY BOTH RETURNING AND NEW STAFF

1. Have you ever been charged with or convicted of a misdemeanor? yes* no

* (if yes, please provide details)

2. Have you ever been charged with or convicted of a felony? yes* no

* (if yes, please provide details)

3. Have you ever been charged with, or found guilty of committing an act of physical, sexual, or any other type of child abuse?

* (if yes, please provide details) yes* no

I authorize the Jewish Community Center of Central New Jersey and/or its agents to conduct an independent background investigation. I further authorize the JCC and/or its agents to request or receive any information including criminal, motor vehicle reports, past employments, education and/or references from any persons, schools, or previous employers.

The above statements on this form are true. I understand that if employed, they will become part of my personal file and that any mis-statement of fact on this or on other application forms may be cause for immediate dismissal.

Applications will be reviewed and considered only when complete with a photo and two reference forms.

Signature_____

Date_____

CAMP YACHAD
JEWISH COMMUNITY CENTER OF CENTRAL NEW JERSEY
Wilf Jewish Community Campus
1391 Martine Avenue Scotch Plains, New Jersey 07076
(908) 889-8800 x253 Fax (908) 889-4070
CAMP STAFF REFERENCE FORM

Please type or print

Applicant's Name: _____

The person named above has applied for a position as a counselor in our day camp. Your critical appraisal and confidential evaluation of this person will be of great help in selecting our staff.

It is most important for leaders of boys and girls to be of high ideals, possess integrity, get along well with others in the intimate life of camp, be attentive to children and demonstrate a willingness to do more than "his or her share."

A counselor's summer involves working with children between the ages of 3 to 14 for 8 weeks. The counselor is with the children during the day, eating lunch and going to and from activities with them. Because lively children are very wearing, and because counselors stay in close proximity with the campers, the experience is demanding.

We would appreciate your providing confidential information about the applicant. One of the criteria for hire is the information supplied by references and statements made by the applicant. Therefore, we hope you will be quite frank, candid and objective so that we may insure safety for our campers and avoid mistakes that could result in a serious situation for us and perhaps termination for the employee.

Please complete the checklist on the reverse side of this sheet and return it to our above address. Your speedy reply will be greatly appreciated.

Thank you for your response and kind assistance.

Jodi Hotra, Co-Director

Michael Goldstein, Co-Director

Randi Zucker, Assistant Director

PLEASE RETURN THIS FORM TO: Attention Camp Yachad JCC - WILF JEWISH COMMUNITY CAMPUS - 1391 MARTINE AVE. - SCOTCH PLAINS, NJ 07076

(over)

How long have you known the applicant? _____ In what capacity? _____

Would you hire/re-hire this person? _____ O Yes O No ON/A If no, for what reason? _____

Is this the type of person you would want as a counselor for a child of your own? O Yes O No

Please explain if the answer is no _____

Motivation

- (desire to learn)
 Very ambitious
 Eager
 Average
 Indifferent
 Purposeless

Enthusiasm

- Excellent
 Good
 Average
 Fair
 Poor

Loyalty

- Excellent
 Good
 Average
 Fair
 Poor

Any additional comments you wish to make:

Emotional Maturity

- (self-control)
 Very stable
 Well-balanced
 Average
 Below average
 Unstable

Social

Acceptability

- (response from others)
 Sought out
 Well-liked
 Accepted
 Tolerated
 Avoided

Patience

- Excellent
 Good
 Average
 Fair
 Poor

To the best of your knowledge:
Has the applicant ever had any criminal convictions for child abuse or sexual abuse offenses?
 Yes No

Has the applicant ever had any convictions for a felony or misdemeanor?
 Yes No

Energy

- Excellent
 Good
 Average
 Fair
 Poor

Responsibility

- Always assumes
 Often seeks
 Accepts
 Avoids
 Never accepts

Communication

- Excellent
 Good
 Average
 Fair
 Poor

Print Name _____

Social Attitude

- (concern for others)
 Deeply concerned
 Interested
 Average
 Indifferent
 Anti-social

Humor

- Excellent
 Good
 Average
 Fair
 Poor

Understanding

Children

- Excellent
 Good
 Average
 Fair
 Poor

School or Business _____

Address(street,city,state,zip)

Leadership

- (influence on others)
 Always leads
 Frequently leads
 Seldom leads
 Follower
 Negative

Ability to Accept

Supervision

- & Guidance**
 Excellent
 Good
 Average
 Fair
 Poor

Appearance

- Excellent
 Above Average
 Average

Daytime phone number _____

Evening phone number _____

Summary

- Outstanding
 Above Average
 Average
 Fair
 Doubtful

Applicant's Name: _____

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