



CAMP 99

425 Brooke Avenue • Magnolia, NJ 08049 • (856) 656-0299
www.summercamp99.com • info@summercamp99.com

Office Use Only
Interview Date: _____
CPR: _____
Background Check: _____

2018 CAMP COUNSELOR APPLICATION

PLEASE "PRINT AS A .PDF FILE" TO SAVE THIS DOCUMENT BEFORE SUBMITTING.

T-SHIRT SIZE

Please review the following before applying to be a CAMP 99 Counselor:

1. Applicants are required to attend 2 summer camp training sessions (to be announced) to learn about CAMP 99 policies and procedures, as well as the expectations for this summer. This is mandatory training for all potential counselors - **NO EXCEPTIONS.**
2. All CAMP 99 Counselors are screened by the NJ Sex Offender Registry and are required to have fingerprint background checks done if over the age of 18. If under age 18, a NJ State Name Check will be performed.
3. All CAMP 99 Counselors are required to have CPR and/or First Aid Certifications.
4. CAMP 99 is structured with the campers' happiness and their safety in mind. To ensure the camp's quality, we ask that only those who are genuinely interested in working with children and are able to fulfill the requirements of working during the summer months, apply to be a CAMP 99 Counselor. Employment can be discontinued at any time if it is in the best interest of the program/counselor to do so.

PRINT CLEARLY on both pages of the application.

NAME _____ **BIRTH DATE** _____ **AGE** _____

Address _____ City, State _____ Zip _____

Cell Phone _____ Email _____

Check the weeks you are available to work. Please note that unauthorized absences may result in dismissal.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> June 18 - June 22 | <input type="checkbox"/> July 9 - July 13 | <input type="checkbox"/> July 30 - Aug. 3 | <input type="checkbox"/> Aug. 20 - Aug. 24 |
| <input type="checkbox"/> June 25 - June 29 | <input type="checkbox"/> July 16 - July 20 | <input type="checkbox"/> Aug. 6 - Aug. 10 | <input type="checkbox"/> Aug. 27 - Aug. 29 |
| <input type="checkbox"/> July 2/3 - July 5/6 | <input type="checkbox"/> July 23 - July 27 | <input type="checkbox"/> Aug. 13 - Aug. 17 | |

Check the hours you are available.

Part-time Full-time Shift Preferred: Mornings Afternoons How many hours per week? _____

Check the age group you feel most comfortable working with:

- Minis (ages 5) Littles (ages 6-7) Middles (ages 8-9) Bigs (ages 10-12) CITs (ages 13-15)

EDUCATION:

High School _____ Graduation Date: _____

College: _____ Graduation Date: _____

Major: _____

CERTIFICATIONS/BACKGROUND CHECKS:

- CPR FIRST AID EPI-PEN BACKGROUND CHECK (Necessary if over 18 years old)

Would you be willing to obtain your CPR Certification before the start of camp? Yes No

Would you be willing to obtain a NJ State Approved Background Check if necessary? Yes No

SPECIAL INTERESTS - List any special hobbies or interests that you would like to share with the campers.

EMPLOYMENT HISTORY - List all paid or unpaid work experience, beginning with your current or most recent job.

Employer:	Beginning date:	End date:
Address:	Supervisor:	
	Supervisor Phone:	
Your Title:	Hours/week (average)	
Duties/Responsibilities:	Paid: <input type="checkbox"/> Y <input type="checkbox"/> N Unpaid: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Hourly rate: \$	Monthly rate: \$
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N	
Employer:	Beginning date:	End date:
Address:	Supervisor:	
	Supervisor Phone:	
Your Title:	Hours/week (average)	
Duties/Responsibilities:	Paid: <input type="checkbox"/> Y <input type="checkbox"/> N Unpaid: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Hourly rate: \$	Monthly rate: \$
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N	
Employer:	Beginning date:	End date:
Address:	Supervisor:	
	Supervisor Phone:	
Your Title:	Hours/week (average)	
Duties/Responsibilities:	Paid: <input type="checkbox"/> Y <input type="checkbox"/> N Unpaid: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Hourly rate: \$	Monthly rate: \$
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N	

REFERENCES - List names and addresses of three persons [not relatives] having knowledge of your character, experience, work habits, & ability.

Name	Address & City	Phone

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I acknowledge that submission of application does not guarantee employment.

CONFIDENTIALITY

All information regarding any of our participants is confidential and may not be released to the general public. In addition, employee information including phone numbers is to be kept strictly confidential. Do not give out employee phone numbers or leave them out where the public may obtain them.

Copies of participant medical forms will be kept in the main office and will be available to counselors to help them quickly and easily identify needed information about each child. These med forms contain very personal information on each child and should NEVER be accessible to the general public. Only employees may access the information at any time. Med forms should be left at the program site and should not be taken home.

Signature _____ Date _____