



GAN ISRAEL DAY CAMP

STAFF APPLICATION FORM

Position Sought: _____ Sex _____ Social Security # _____
 Name _____ Phone _____
 Permanent Address (Include City, State & Zip) _____
 E-Mail Address _____
 College Address (if different) _____
 Phone _____
 E-Mail Address _____
 Birth Date: _____ Age _____ Grade Entering _____

IMPORTANT: ANYONE UNDER 18 YEARS OF AGE, MUST GET WORKING PAPERS BEFORE BEGINNING WORK

Referred by: _____

What age youngsters (Ages 3-14) would you feel most comfortable working with? _____
 Please describe why: _____

List Camp Staff Experience

Camp Name	Address	Phone	Dates	Position Held
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____

EDUCATION

Name	Address of School	Degree (if any)	Major	Dates
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Jewish Education _____	_____	_____	_____	_____

PAID EMPLOYMENT (Other than Camp)

Employer's Name	Address & Phone	Position	Dates
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

OTHER WORK EXPERIENCE (volunteer)

Employer's Name	Address & Phone	Position	Dates
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

Experience as a Camper: _____

Please describe exactly what experience you have had working with children:

Check Areas in Which You Have: 1. Interest, 2. Experience, 3. Teaching Knowledge.

	1	2	3
Athletics			
Arts & Crafts			
Cooking			
Ceramics			
Newspaper			
Music			

	1	2	3
Swimming			
Tennis			
Computers			
Dance			
Gymnastics			
Nature			

Other _____

Are you a:

_____ Water Safety Instructor Red Cross _____ Date: _____
 _____ First Aid Standard Date: _____
 _____ Registered Nurse Year: _____ State: _____
 _____ Licensed Van Driver (Class II) State: _____

Have you ever been convicted of a crime, including sex-related or child-abuse related offenses? (Y/N) _____

Have you had any serious illness? (Y/N) _____ Mental Health problems? (Y/N) _____

Are you on medication? (Y/N) _____

If yes, please explain _____

REFERENCES

List 3 persons (at least 2 of whom are NOT related to you) who have knowledge of your experience in working with children:

(1) Name _____ Phone _____
 Address _____
 Capacity in which person has known you _____

(2) Name _____ Phone _____
 Address _____
 Capacity in which person has known you _____

(3) Name _____ Phone _____
 Address _____
 Capacity in which person has known you _____

Authorization to Investigate

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp. The undersigned authorizes the camp to contact any previous employers and personal references. Your opportunity for employment will be based solely upon your merit and the availability of positions.

_____ Signature of Applicant

_____ Date

PLEASE RETURN TO: GAN ISRAEL DAY CAMP C/O CHABAD HOUSE
 26 WICKATUNK ROAD MANALAPAN, N.J. 07726