



# 2020 CAMP SHALOM STAFF APPLICATION

I am applying for the following position: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Unit Preferred** \_\_\_\_\_

**Last Year's Unit if Worked** \_\_\_\_\_

### PERSONAL DATA (Please type or print)

Name:	Date of Birth optional _____
Permanent Address / Phone/cell:	
Winter Address/Phone/cell:	
E-mail address:	
Dates of availability this summer:	
Best time to interview at the JCC:	
List any names and addresses of friends who may be interested in receiving an application. If they successfully complete camp this summer, you are eligible to receive an added bonus.	

### EDUCATIONAL BACKGROUND

Name of High School	Year Graduated _____	Year Graduating _____
Name of College	Year Graduated _____	Year Graduating _____
Graduate Work:		
Status for fall 2020: (Circle if appropriate - HS Junior, Senior, College Freshman, Sophomore, Junior, Senior, Graduate Student, Other)		

## ORGANIZATIONAL AFFILIATION

List any groups, clubs or other organizations in which you are active and positions held:


## CAMPING EXPERIENCE

Where and when did you attend camp as a camper?

Camp Name	Address	Year(s)

## EMPLOYMENT EXPERIENCE

(If additional space is needed, attach a separate sheet of paper.)

Employer	Dates of Employment	Position
1.		
2.		
3.		

Describe responsibilities of positions listed above (follow numbered order.)

1.
2.
3.

Use the space below to include any additional related experience, other comments, or any information that you feel we should have


**On a separate piece(s) of paper, please respond to the following:**

1. What do you expect to get out of working at camp this summer?
2. What do you see as the major responsibilities of the job for which you are applying?
3. What do you expect the hardest part of working at camp will be?
4. How important is it to you to work in a day camp? How will you use this experience in the future?
5. Describe an example of a great success at camp.
6. Describe any hobbies, talents or strengths that you would bring with you to the camp environment.

**REFERENCES**

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

*Voluntary Disclosure Statement*

*Given the responsibility summer camp staff has working with children; I understand this application may be subject to a criminal background check. In addition, I attest that the information provided by me on this application is true and factual.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application to:  
Karen Wyckoff, Camp Director  
Mandell Jewish Community Center  
335 Bloomfield Avenue  
West Hartford, CT 06117  
(860) 231-6317  
kwyckoff@mandelljcc.org**

# SKILLS INVENTORY

Please check your ability level in the following areas:

	Can teach/lead	Can actively participate	Willing to learn/help	Not comfortable
<b>Water Activities:</b>				
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water-skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kayak/Paddleboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Land Sports</b>				
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Camping Skills:</b>				
Fire building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Miscellaneous</b>				
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening/nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ropes Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Song Leading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storytelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CERTIFICATION [IF APPLICABLE]**

TYPE:	Expiration Date
Archery	_____
Canoeing	_____
Lifeguard	_____
Small Craft	_____
W.S.I.	_____
Water-skiing	_____
Ropes/climbing	_____
Other	_____

Notes from interviewer: