



2019 CAMP SHALOM STAFF

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 2019: (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
FAX: (860) 233-0802
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 |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Water Activities: | | | | |
| 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"/> |
| Land Sports: | | | | |
| 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"/> |
| Camping Skills: | | | | |
| 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"/> |
| Miscellaneous: | | | | |
| 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"/> |
| Juggling | <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:

- Archery
- Canoeing
- Lifeguard
- Small Craft
- W.S.I.
- Water-skiing
- Ropes/climbing
- Other

Expiration Date

Notes from interviewer: