



**Summer Friends Camp**  
**269 HWY #34**  
**Matawan, NJ 07747**

STAFF EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

College Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

PUT A 1 NEXT TO THE AGE OF CHILDREN YOU PREFER TO WORK WITH MOST, A 2 NEXT TO THE SECOND MOST AND A 3 NEXT TO THE THIRD.

\_\_\_\_ 3-5      \_\_\_\_ 6-7      \_\_\_\_ 8-10      \_\_\_\_ 11-12      \_\_\_\_ 13-15

DO YOU HAVE ANY OBLIGATION REQUIRING TIME AWAY FROM CAMP? (Circle One)    YES    NO

IF YES, EXPLAIN \_\_\_\_\_

EDUCATION HISTORY: NAME OF SCHOOL                      MAJOR                      DATE OF GRADUATION

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

IF CURRENTLY IN SCHOOL                      GRADE/YEAR \_\_\_\_\_

CAMP STAFF EXPERIENCE:

NAME OF CAMP                      ADDRESS                      DATES                      POSITION

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

EMPLOYMENT EXPERIENCE (OTHER THAN CAMP)

EMPLOYER'S NAME                      ADDRESS                      PHONE                      DATES

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

EXPERIENCE AS A CAMPER    IVY LEAGUE \_\_\_\_\_ # OF YEARS \_\_\_\_\_

OTHER CAMPS \_\_\_\_\_ # OF YEARS \_\_\_\_\_

INDICATE BY APPROPRIATE NUMBER, THE AREAS BELOW IN WHICH YOU HAVE

**1. INTEREST**                      **2. EXPERIENCE**                      **3. TEACHING KNOWLEDGE**  
MUSIC \_\_\_\_\_ DANCE \_\_\_\_\_ COOKING \_\_\_\_\_ CERAMICS \_\_\_\_\_  
NEWSPAPER \_\_\_\_\_ ATHLETICS \_\_\_\_\_ GYMNASTICS \_\_\_\_\_ NATURE \_\_\_\_\_  
SWIMMING \_\_\_\_\_ TENNIS \_\_\_\_\_ COMPUTERS \_\_\_\_\_ ARTS & CRAFTS \_\_\_\_\_

**ARE YOU CERTIFIED FOR:**  
ADVANCED LIFESAVING \_\_\_\_\_ DATE \_\_\_\_\_  
WATER SAFETY INSTRUCTOR (RED CROSS) \_\_\_\_\_ DATE \_\_\_\_\_  
FIRST AIDER STANDARD \_\_\_\_\_ DATE \_\_\_\_\_  
REGISTERED NURSE \_\_\_\_\_ YEAR \_\_\_\_\_ STATE \_\_\_\_\_  
LICENSED VAN DRIVER (CDL CLASSIFIED) \_\_\_\_\_ STATE \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**    YES \_\_\_\_\_    NO \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

**OUTSIDE INTERESTS (SPORTS CLUBS, HOBBIES, AWARDS, COLLECTIONS, ETC.)**

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**  
LIST 3 PERSONS (AT LEAST 2 WHO ARE NOT RELATED TO YOU) WHO HAVE KNOWLEDGE OF YOUR EXPERIENCE IN WORKING WITH CHILDREN.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>CAPACITY IN WHICH PERSON KNOWS YOU</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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** \_\_\_\_\_