

SUMMER CAMP APPLICATION FOR EMPLOYMENT

LAST NAME: _____ FIRST NAME: _____ SEX (MALE OR FEMALE) _____

ADDRESS: _____ EMAIL: _____

HOME /PARENT PHONE: _____ EMPLOYEE CELL #: _____

AGE: _____ BIRTHDATE: _____ SS# (16yrs&up): _____

CIRCLE DAYS PREFERRED: MON TUES WED THURS FRI

CIRCLE TIMES PREFERRED: 7:30 – 4:00 8:00 – 4:00 8:30 – 4:30 8:30 – 5:30

LIST DAYS/WEEKS NOT AVAILABLE TO WORK (vacation, drivers ed, cheer, football, etc):

NAME OF HIGH SCHOOL / COLLEGE ATTENDED: _____

DESCRIBE ANY SPECIALIZED TRAINING, SKILLS, QUALIFICATIONS, AND OTHER RELATED ACTIVITIES:

EXPERIENCE WITH KIDS? Y N IF YES, WHAT EXPERIENCE DO YOU HAVE WITH KIDS?

CPR CERTIFIED? Y N FIRST AID CERTIFIED? Y N

SPORTS PLAYED: _____

LIKE TO DO ARTS/CRAFTS? Y N CREATIVE? Y N ORGANIZED? Y N

PATIENT? Y N ABLE TO EXPLAIN & LEAD GAMES / ACTIVITIES? Y N

CURRENTLY EMPLOYED? _____ IF YES, WHERE AND WHO? _____

LIST NAME AND PHONE NUMBERS OF 2 REFERENCES:

