

STAFF APPLICATION

I. PERSONAL INFORMATION

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Present Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**Email address** \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Parents' Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Do you wear glasses? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Hearing Aid? \_\_\_\_\_ Other Appliances \_\_\_\_\_

Allergies: Foods \_\_\_\_\_ Medications \_\_\_\_\_

Other \_\_\_\_\_

Medical limitations or Restrictions \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_ Vegetarian \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**2. EDUCATION AND EXPERIENCE**

College or School \_\_\_\_\_ Class \_\_\_\_\_ Major \_\_\_\_\_

Professional, Social, or Honor Society Memberships \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Please list college courses in the following disciplines:

Education	Psychology	Art	Music	Speech

Camp Experience: Camper: Where? Dates: \_\_\_\_\_

Staff: Where? Dates: \_\_\_\_\_

If you have counseling experience, please list positions and responsibilities \_\_\_\_\_

Please list any training or experience with children with special needs \_\_\_\_\_

Please list any other experiences with children \_\_\_\_\_

Hobbies and Musical Instruments played \_\_\_\_\_

**3. PROGRAM AREAS:** Evaluate your skills in organizing and teaching in the following camp activities according to the scale:

1= NONE, 2 = SOME, 3 = MUCH.

**Academics**

\_\_\_ Reading  
\_\_\_ Arithmetic  
\_\_\_ Writing  
\_\_\_ Speech & Lang  
\_\_\_ Boating

**Athletics**

\_\_\_ Baseball  
\_\_\_ Basketball  
\_\_\_ Soccer  
\_\_\_ Football  
\_\_\_ Aerobics

\_\_\_ Volley Ball  
\_\_\_ Calisthenics  
\_\_\_ Perceptual Training  
\_\_\_ Outdoor Games  
Other \_\_\_\_\_

**Music**

\_\_\_ Singing  
\_\_\_ Folk Dance

\_\_\_ Social Dance  
\_\_\_ Drama

\_\_\_ Rhythm Games  
\_\_\_ Other \_\_\_\_\_

**Arts & Crafts**

\_\_\_ Drawing  
\_\_\_ Leather  
\_\_\_ Metal

\_\_\_ Painting  
\_\_\_ Clay  
\_\_\_ Sewing

\_\_\_ Natural Media  
\_\_\_ Paper  
\_\_\_ Other \_\_\_\_\_

**General Areas**

\_\_\_ Sewing  
\_\_\_ Self-Help Skills  
\_\_\_ Vocational Training  
\_\_\_ Cooking

\_\_\_ Nature  
\_\_\_ First Aid Training  
\_\_\_ Other \_\_\_\_\_  
\_\_\_ Horseback Riding

**Swimming and Waterfront**

Check appropriate areas:

\_\_\_ Non-swimmer      \_\_\_ CPR      Expiration Date \_\_\_\_\_  
\_\_\_ Average swimmer      \_\_\_ Basic Rescue and Water Safety  
\_\_\_ Strong swimmer      \_\_\_ Advanced Life Saving  
\_\_\_ Water Safety Instr. (N.M.)

WSI Certificate No. - Expiration Date \_\_\_\_\_

**4. GENERAL INFORMATION AND REFERENCES**

How did you hear about Camp Lee Mar? \_\_\_\_\_

What contributions do you think you can make to camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What age group would you prefer to work with? \_\_\_\_\_

If it would be possible for you to appear for a personal interview at our Manhattan or Philadelphia offices, please indicate which office and convenient dates \_\_\_\_\_

Salary expected (in addition to room, board, laundry, and gratuities)

\_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_

Will you have a car at camp? \_\_\_\_\_

Please PRINT the names and addresses of three references who can evaluate you either professionally or personally. **No relative or personal friends.**

NAME	STREET	CITY	STATE	ZIP	RELATIONSHIP
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\_\_\_\_\_

\_\_\_\_\_

Because of the nature of our children, Camp Lee Mar is a highly structured and organized environment. Staff members are expected to perform and function in accordance with the structure, regulations, policies and programs outlined in the enclosed brochure and materials. Please review these carefully. Thank you for your inquiry.

Scan and email to:  
[gtour400@aol.com](mailto:gtour400@aol.com)  
Or Fax to 215-658-1710

Camp Lee Mar  
C/o A. Segal  
805 Redgate Road  
Dresher, PA 19025

**IT IS REQUIRED BY LAW THAT ALL INDIVIDUALS WORKING IN A PUBLIC FACILITY FOR CHILDREN READ AND RESPOND TO THE FOLLOWING DISCLOSURE.**

In consideration of employment or continued employment, the Counselor or undersigned employee agrees to disclose the following:

1. Have you ever been questioned by police, campus police, or any other law enforcement agent or officer regarding a criminal charge? \_\_\_\_\_
  
2. Have you ever been arrested, convicted, or brought to court for any criminal charge? \_\_\_\_\_
  
3. Have you ever been notified by any child Welfare Agency that you were the subject of a suspected child abuse report? \_\_\_\_\_

The undersigned further agrees that:

1. Possession of or use of non-medically prescribed drugs or alcoholic beverage on camp grounds, or returning to camp under the influence of drugs or alcohol shall be reason for immediate dismissal.
  
2. Physically abusing, indecent touching or exposure of or to a camper shall be reason for immediate dismissal.

It is also asked that employee shall keep the Director informed of any offenses, convictions or arrests subsequent to the signing of this disclosure.

The employee warrants that the age, schooling, degrees and all other statements included in the application papers are true. Any misrepresentation shall give the camp the right to cancel the contract.

It is hereby agreed that any and all rules, regulations and policies of the camp and any special clauses attached hereto are made part of this contract.

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

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Social Security or ID Number