

CAMP MONROE
PO Box 475
Monroe NY 10949
845-782-8695
845-782-2247 (FAX)
Stanley Felsing, Director

INCLUDE RECENT PHOTO HERE

STAFF APPLICATION US CITIZEN

Name _____ Male ___ Female ___

Date of Birth _____ Social Security # _____ Job you are seeking _____

Home Address _____
(Street) (Apt #)

(City) (State) (Zip Code)

Home Phone _____ Cell _____ Fax _____ Email _____

School Address _____

Telephone _____

Do you have New York State Working Papers? _____ Number _____

Marital Status _____ Children: Name, Age and Sex _____

Do you have any visible tattoos or body piercings?

() no () yes - If yes, describe _____

Do you smoke? () no () yes

EDUCATION

HIGH SCHOOL YEAR of GRADUATION

COLLEGE EDUCATION YEAR of GRADUATION MAJOR

List extra curricular activities including athletic teams for this school year:

CAMPING EXPERIENCE

AS A STAFF MEMBER

Name of Camp Position Years Salary Name of Director/Phone #

AS A CAMPER

Name of Camp Years Name of Director/Phone #

OTHER EXPERIENCES WORKING WITH CHILDREN/COMMUNITY ACTIVITIES

Name of Organization Position Year Name of Director/Contact Person/Address & Phone #

REFERENCES TO CONTACT

| Name | Address | Telephone # | How does this person know you? |
|------|---------|-------------|--------------------------------|
| | | | |
| | | | |
| | | | |

SKILLS

In the following list put **1** before those activities in which you have certification; **2** before those you can teach; **3** before those in which you can assist.

- | | | |
|---|--|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Football | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Go Karting | <input type="checkbox"/> Radio Station |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Ropes Course |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Hockey (floor/street no skates) | <input type="checkbox"/> Secretarial Skills for Office |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Horseback Riding - Western | <input type="checkbox"/> Singing / Vocals |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Jewish Programming | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Camp Newspaper | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Swimming/Instructional |
| <input type="checkbox"/> Ceramics/Pottery | <input type="checkbox"/> Model Rocketry | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> Music | <input type="checkbox"/> Theater / Shows |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Musical Instrument _____ | <input type="checkbox"/> Video |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Nature / Animal Care | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Outdoor Camping / Cooking | <input type="checkbox"/> Weight Training |

Other special skills that would be useful to camp: _____

Indicate the age group of campers you would prefer to work and live with. _____

How did you hear about Camp Monroe? _____

When are you available for an interview? _____

Have you ever been arrested for or convicted of child abuse or sexual abuse? _____

Have you ever been convicted of a felony or misdemeanor? _____

If you answered yes to either of the above questions, please explain the circumstances separately.

I give permission for Camp Monroe to check the National or State Sex Offender Public Registry _____

Attach any additional information or copies of recommendations to this application. Do not send originals.

CREDENTIALS

AQUATICS

(ARC) LIFEGUARD TRAINING _____

(ARC) WATERFRONT LIFEGUARDING _____

(ARC) WSI _____

FIRST AID & CPR

(ARC) CPR FOR THE PROFESSIONAL RESCUER _____

(ARC) STANDARD FIRST AID AND SAFETY _____

(ARC) COMMUNITY FIRST AID AND SAFETY _____

(ARC) RESPONDING TO EMERGENCIES _____

(NYS) EMERGENCY MEDICAL TECHNICIAN (EMT) _____

TEACHING/COACHING CERTIFICATIONS

OTHER CERTIFICATIONS: _____

I give permission for Camp Monroe to conduct a background check of me _____

Date _____

Signature _____