



The Aaron and Marjorie Ziegelman Campus • South Sterling, PA

## STAFF APPLICATION — Summer 2012

Please print or type all information

### GENERAL INFORMATION

Position applying for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ SS#/SI#: \_\_\_\_\_

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

City, State/Province, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Until what date is the current address valid? \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Will you be at least 18 years of age on June 1, 2012?  Yes  No

### REFERENCES

List three people, other than relatives or personal friends, who know you personally. If possible, at least one should be someone who has worked with or supervised you in a Jewish setting. Please give complete names and addresses. *If you have worked at Camp JRF in the past, no more than one reference may be from that employment.*

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

#### For Office Use Only

Date Application Received: \_\_\_\_\_ Date Contract Sent: \_\_\_\_\_

Date Contract Received: \_\_\_\_\_ Date Program Material Sent: \_\_\_\_\_

## CERTIFICATIONS and SPECIAL TRAINING

American Red Cross:  Lifeguard, exp. date: \_\_\_\_\_  Small Craft, exp. date: \_\_\_\_\_  
 WSI, exp. date: \_\_\_\_\_  CPR, exp. date: \_\_\_\_\_ Other: \_\_\_\_\_  
First Aid (specify type): \_\_\_\_\_ exp. date: \_\_\_\_\_  
Other Certifications: \_\_\_\_\_ exp. date: \_\_\_\_\_  
Ropes Course Experience/Certification: \_\_\_\_\_

## SKILLS and INTERESTS

Write **3** if you are a qualified expert and can be a lead teacher for the activity. Write **2** if you have considerable experience in the activity and could assist in teaching. Write **1** if you have interest in the activity, but are not qualified to teach it. Leave blank if you have no interest in the activity.

### Art and Media

\_\_\_ Arts/Crafts  
\_\_\_ Audio Recording  
\_\_\_ Broadcasting  
\_\_\_ Cartooning  
\_\_\_ Ceramics  
\_\_\_ Creative Writing  
\_\_\_ Drawing/Painting  
\_\_\_ Journalism  
\_\_\_ Photography  
\_\_\_ Video Production

### Performing Arts

\_\_\_ Choir  
\_\_\_ Drama  
\_\_\_ Guitar  
\_\_\_ Israeli Dance  
\_\_\_ Music  
\_\_\_ Song Leading  
\_\_\_ Theater Tech

### Waterfront

\_\_\_ Boating  
\_\_\_ Canoeing  
\_\_\_ Kayaking  
\_\_\_ Power Boating  
\_\_\_ Swimming

### Outdoors

\_\_\_ Archery  
\_\_\_ Backpacking  
\_\_\_ Camping  
\_\_\_ Ecology/Nature  
\_\_\_ Gardening  
\_\_\_ Mountain Biking  
\_\_\_ Pioneering  
\_\_\_ Rock Climbing  
\_\_\_ Ropes Course

### Sports

\_\_\_ Basketball  
\_\_\_ Fitness  
\_\_\_ Floor Hockey  
\_\_\_ Football  
\_\_\_ Gymnastics  
\_\_\_ Martial Arts  
\_\_\_ Soccer  
\_\_\_ Tennis  
\_\_\_ Track & Field  
\_\_\_ Ultimate Frisbee  
\_\_\_ Volleyball  
\_\_\_ Yoga

### Administration

\_\_\_ Computers  
\_\_\_ Office Skills

Other interests, activities or skills you could contribute to camp: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

High School Attended: \_\_\_\_\_ City, State: \_\_\_\_\_

Date of Graduation or GED: \_\_\_\_\_

College/University Attended: \_\_\_\_\_ Years attended: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation (or expected Graduation) Year: \_\_\_\_\_

College/University Attended: \_\_\_\_\_ Years attended: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation (or expected Graduation) Year: \_\_\_\_\_

What is your professional goal and could this employment relate to it? \_\_\_\_\_  
\_\_\_\_\_

## GENERAL EMPLOYMENT EXPERIENCE

Please list camp, youth work and teaching experience first. You may attach a resume in addition to the information below.

**Employer:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_ Salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May We Contact?  Yes  No

E-mail Address: \_\_\_\_\_

Describe responsibilities of position:

**Employer:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_ Salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May We Contact?  Yes  No

E-mail Address: \_\_\_\_\_

Describe responsibilities of position:

**Employer:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_ Salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ May We Contact?  Yes  No

E-mail Address: \_\_\_\_\_

Describe responsibilities of position:

Please list any additional work experience working with children or teens:

How did you hear about Camp JRF? \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

## QUESTIONNAIRE

1. Please describe your previous day/overnight camping experience.
2. What impact do you hope to have on a young person's camp experience?
3. Please explain what you would like to contribute to Reconstructionist camping.
4. What particular strength do you feel you would bring to the position?
5. What do you hope to gain from this experience?
6. Is there a particular age group that you feel you would work best with and why?

## GENERAL INFORMATION and AUTHORIZATION

1. Have you ever been charged with, or convicted of, a misdemeanor?  Yes  No  
*If yes, please provide details:*
2. Have you ever been charged with, or convicted of, a felony?  Yes  No  
*If yes, please provide details:*
3. Have you ever been charged with, or found guilty of, committing an act of physical, sexual or any other type of child abuse?  Yes  No  
*If yes, please provide details:*

I authorize Camp JRF and/or its agents to conduct an independent background investigation. I further authorize Camp JRF and/or its agents to request or receive any information including criminal, motor vehicle reports, past employments, education and/or references from any persons, schools or previous employers. The above statements on this form are true. I understand that if employed they will become a part of my personnel file and that any misstatement of fact on this and other application forms may be cause for immediate dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax completed application to:  
**Camp JRF—Staff**  
101 Greenwood Avenue, Suite 430, Jenkintown, PA 19046  
Fax: (215) 885-5603



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# APPLICATION FOR PROGRAM STAFF JEWISH SUPPLEMENT — Summer 2012

*If you are applying for a program position, please complete this form and return it with your application.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## JEWISH EDUCATION

Please list your previous Jewish Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Congregation / Havurah: \_\_\_\_\_ City, State/Province: \_\_\_\_\_

Congregation Affiliation:  Reconstructionist  Conservative  Reform  Orthodox  
 Unaffiliated Other: \_\_\_\_\_

Bar/Bat Mitzvah – Year: \_\_\_\_\_ Name of Rabbi: \_\_\_\_\_

Youth Group / College Activities / Current Affiliations with Jewish Groups: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been to Israel?  Yes  No If yes, when? \_\_\_\_\_

Program Name(s): \_\_\_\_\_

Length of Program(s): \_\_\_\_\_

Did you attend Jewish camp as a camper?  Yes  No

If yes, Camp Name: \_\_\_\_\_ Years: \_\_\_\_\_  Residential  Day

Camp Name: \_\_\_\_\_ Years: \_\_\_\_\_  Residential  Day

Have you worked as a staff member in a Jewish camp?  Yes  No

If yes, Camp: \_\_\_\_\_ Years: \_\_\_\_\_  Residential  Day Position: \_\_\_\_\_

Camp: \_\_\_\_\_ Years: \_\_\_\_\_  Residential  Day Position: \_\_\_\_\_

What has had the greatest impact on your Jewish identity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_