



SABES JEWISH COMMUNITY CENTER 2010 RETURNING STAFF MEMBER APPLICATION FOR CAMP EMPLOYMENT

We request the following information to help us make the best possible placement in our organization. We appreciate the time you spend in filling out this application. All portions of this application must be completed. In accordance with local, State and Federal laws, we do not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, sexual orientation, disability, status with regard to public assistance, or any other protected classification.

PERSONAL INFORMATION (PLEASE PRINT CLEARLY) Date of application _____

Name _____
(Last) (First) (Middle)

Permanent Address _____

Home Telephone _____ E-Mail _____

School Year Address (if applicable) _____

Cell Phone Number _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

EMPLOYMENT DESIRED

Position you are applying for (some positions may require prior experience):

- Counselor:**
 Junior (16 years old & over)
 Senior (completed at least one year of college or equivalent)
- Special Needs Advocate**
 Program Director
 Lifeguard/WSI
- Specialist:**
 Dance Arts & Crafts Sports & Games Music
 Drama Nature Judaics Other _____

Compensation expected for the summer: \$ _____

When are you available to begin working? _____

Are you at least 18 years of age? Yes No If not, please state your age: _____

* Applicants must be at least 16 years of age on June 14, 2010.

Are you legally entitled to work in the United States? Yes No

Please provide us with updated educational information:

EDUCATION

Education	School Name	City & State	No. of Yrs Attended	Degree Received	Major
High School					
College					
Graduate					
Other					

Please provide us with updated employment information:

CHILDCARE EMPLOYMENT EXPERIENCE

Dates:	Name, City and State of Employer	Job Title / Duties	Pay Rate	Reason For Leaving
From			From: \$	
To	Telephone:	Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
From			From: \$	
To	Telephone:	Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
From			From: \$	
To	Telephone:	Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER EMPLOYMENT EXPERIENCE (most recent first)

Dates:	Name, City and State of Employer	Job Title / Duties	Pay Rate	Reason For Leaving
From			From: \$	
To	Telephone:	Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
From			From: \$	
To	Telephone:	Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No
From			From: \$	
To	Telephone:	Supervisor:	To: \$	May we Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No

** Attached to this application are 2 reference forms for **you to send** to your references. All references must be returned **by the reference** directly to the JCC Summer Camp Program office by mail or fax.

List any licenses, certifications, designations you have, or workshops, seminars, co you have attended that you believe pertain to the position for which you are applying.

Please describe why you would like to return to work at Camp Olami this summer.

Please provide (in detail) one new Friday Program or Rainy Day Activity we could use this summer.

List one thing you would like to learn more about during staff week?

What should we do differently at camp this summer?

What did you learn from working at Camp Olami that will make you a better staff member this year?

Please check all you are available for:

- Staff Training (June 14-18)
- Two Friday Evening Family Events (One per session)
- Session 1 (June 21 - July 16, M-F 8:30am-4:30pm)
- Session 2 (July 19 - August 13, M-F 8:30am-4:30pm)
- Staff meetings (Monday) after camp until 5:30pm
- Extended Nights (depending on assignment)
- Overnights/Trips (depending on assignment)

If not available for any of the above, please explain:

Have you ever been convicted, pled no contest or guilty to a felony, or been involved with a child abuse or neglect court action or official investigation? Yes No

If yes, state the date, location and nature of the incident: _____

NOTE: A criminal and sexual predator background check is required for all new hires. Employment will be contingent upon the satisfactory results of these background checks.

I certify that all the information contained in this application is correct. I understand that falsification of any information I provide in the hiring process will result in disqualification from further consideration or dismissal from employment. I agree to provide any further information or authorization the Sabes Jewish Community Center may require to complete the evaluation of my placement.

I understand that my employment with the Sabes JCC is conditioned upon a satisfactory background investigation, including a reference check, verification of employment and education and criminal background check. I understand that the personal information provided in my employment application may be used to obtain information for the Sabes JCC from my former employers or references regarding my employment history, character, honesty, unlawful drug use, or workplace violence.

I authorize the Sabes JCC to verify any information I have provided in my employment application, including my educational background.

A photocopy of this authorization will be considered as valid as the original. This authorization shall expire one year from the date of my signature.

SIGNATURE _____

DATE _____

Please return this form to:

Sabes JCC Camp Olami
Jay & Rose Phillips Building
Barry Family Campus
4330 S. Cedar Lake Road
Minneapolis, MN 55416

Camp Hotline: (952) 381-3421 / Sabes JCC: (952) 381-3400 / Fax: (952) 381-3401

E-mail: summer@sabesjcc.org

Check out our web page at: www.sabesjccsummercamp.org

Please do not return this form to the applicant.

Mail or fax directly to:

Danya Kornblum
Sabes JCC Camp Olami
Jay & Rose Phillips Building
Barry Family Campus
4330 S. Cedar Lake Road
Minneapolis, MN 55416
Fax: 952-381-3401

Sabes JCC Summer Program Reference Form

I, _____, have applied for the position of _____ for the summer of 2010. You have my permission to complete this reference form based on your knowledge of my background.

This section to be filled out by reference:

Name of Reference: _____ Organization: _____

Address: _____

Phone: _____ Email: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please fill out the information requested below. All information is confidential and will not be shared with the applicant. Your honesty and specific information are appreciated.

Please check the box that applies to the applicant:

	Excellent	Good	Average	Poor	N/A
Relates well to peers					
Relates to children					
Responds to supervisors guidance and criticism					
Maturity					
Takes initiative beyond given job responsibilities					
Demonstrates respect for peers/supervisors					
Leadership skills					
Judaic knowledge					
Trustworthiness and integrity					
Responsibility					

Please comment on the answers given above:

Describe the applicant's ability to work with children ages 5-12:

Overall recommendation:

Excellent

Good

Average

Poor

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