



SABES JEWISH COMMUNITY CENTER  
2013 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 \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

**EMPLOYMENT DESIRED**

Have you ever worked for the Sabes JCC before? ☐ Yes ☐ No

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

☐ **Counselor:** ☐ **Special Needs Advocate**

☐ Junior (16 years old & over)

☐ **Program Director**

☐ Senior (completed at least one year of college or equivalent)

☐ **Specialist:**

☐ Arts & Crafts

☐ Sports & Games

☐ Music

☐ Drama

☐ Judaics

Compensation expected for the summer: \$ \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

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 11, 2013.

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

## EDUCATION

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

## CHILDCARE EMPLOYMENT EXPERIENCE (most recent first)

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

## OTHER EMPLOYMENT EXPERIENCE (most recent first)

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

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

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What experience do you have working with children and/or summer camp?

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Why do you want to work at Camp Olami this summer?

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List one topic you would like to learn about during staff training week.

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## REFERENCES

Please provide the requested information of three references who we can contact. Include past employers, teachers, mentors, and others who are **not related to you**.

| Name | Relationship | Years of Acquaintance | Phone Number | Email |
|------|--------------|-----------------------|--------------|-------|
| 1.   |              |                       |              |       |
| 2.   |              |                       |              |       |
| 3.   |              |                       |              |       |

\*\* 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.

**Please check all you are available for:**

- ☐ Staff Training (June 11-14)
- ☐ Two Evening Family Events (One per session)
- ☐ Session 1 (June 17 - July 12, M-F 8:30am-4:30pm)
- ☐ Session 2 (July 15 - August 9, 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:

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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: \_\_\_\_\_

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**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](mailto:summer@sabesjcc.org)

Check out our web page at: [www.sabesjccsummercamp.org](http://www.sabesjccsummercamp.org)

**Please do not return this form to the applicant.**

**Mail or fax directly to:**  
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 2013.  
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: \_\_\_\_\_

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. Specific information and honesty is greatly 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                                  |           |      |         |      |     |
| 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

**Please do not return this form to the applicant.**

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|--|-----------|------|---------|------|-----|
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| Relates to children                                |           |      |         |      |     |
| Responds to supervisors guidance and criticism     |           |      |         |      |     |
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| Leadership skills                                  |           |      |         |      |     |
| Trustworthiness and integrity                      |           |      |         |      |     |
| Responsibility                                     |           |      |         |      |     |

Please comment on the answers given above:

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