



**TEMPLE ADAT ELOHIM**  
your place to learn...grow...connect...

April 28, 2014

Dear Parent,

We are delighted that your child is interested in applying for a CIT ECC Camp Gan Elohim position. This is a non-paid volunteer opportunity. We will notify you if your child has been accepted after receiving all the applications. Applications are due by May 30<sup>th</sup>, 2014.

**Re: Immunization Record and Statement of Good Health**

A current immunization record is a requirement of the State of California plus a “Statement of Good Health” from your physician. Please submit a copy of these forms to the ECC Office as soon as possible. This is a requirement for all CIT volunteers.

\*If you volunteered last summer we do not need another copy of your records.

If you should have any questions, please do not hesitate to contact the ECC Office at 805-497-6920 and ask for Donna Becker or email her at [dbecker@adatelohim.com](mailto:dbecker@adatelohim.com)

Sincerely,

Donna Becker  
Director, Early Childhood Center



**ECC Camp Gan Elohim 2014 – July 7<sup>th</sup>-August 15<sup>th</sup>**

**CIT Application**

Please print clearly

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

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

Last

First

Age \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

e-mail address \_\_\_\_\_

**References: Please give two references:**

Name	Address	Phone No.	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Employment Experience: Please list any experience you have had in working with children in a group and/or educational background:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Requirements:**

You must choose which weeks and days you would like to work. Camp hours are from 8:30 a.m. to 12:30 or 1:30 p.m. depending on what age group you work with.

**Please indicate which weeks you want to work:**

Week (1) 7/7 \_\_\_\_\_ Week (4) 7/28 \_\_\_\_\_

Week (2) 7/14 \_\_\_\_\_ Week (5) 8/4 \_\_\_\_\_

Week (3) 7/21 \_\_\_\_\_ Week (6) 8/11 \_\_\_\_\_

**Days you will work:**

- \_\_\_\_\_ Tues and Thurs (2 days)
- \_\_\_\_\_ Monday, Wednesday and Friday (3 days)
- \_\_\_\_\_ Monday through Friday (5 days)
- \_\_\_\_\_ I am interested in working past 12:30 p.m.

**Thank you for volunteering your time. Based on the number of children enrolled in camp as well as the schedules requested by CIT applicants we will inform you of your assigned weeks and days.**

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**EMERGENCY CONTACTS**

**Emergency Contact 1**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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**Additional Information we should know about you:**

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**CIT Medical Information**

**Important: "Please Read"**

A current immunization record is required by the State of California.  
Please submit a copy of this record along with a "Statement of Good Health"  
from your physician (see attached Physician's form).

\*If you volunteered last summer we do not need another copy of your records.

**This is a requirement for all CIT**

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

Name \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Yes \_\_\_\_\_ No

List Allergies: \_\_\_\_\_

\_\_\_\_\_

**Allergy Medication**

\_\_\_\_\_

\_\_\_\_\_

**Other Medication you are taking:**

Medication \_\_\_\_\_

\_\_\_\_\_

**Medical condition**

\_\_\_\_\_

\_\_\_\_\_

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I give my permission for \_\_\_\_\_ to the agents and/or employees of  
Temple Adat Elohim and Camp Gan Elohim to obtain whatever medical attention my child  
may need in case of accident, injury, or other medical emergency.

Parent Name \_\_\_\_\_

Print

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**TAE EARLY CHILDHOOD CENTER CAMP GAN ELOHIM 2014  
CIT APPLICATION PACKET**

DATE SUBMITTED \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

(PRINT)

AGE \_\_\_\_\_

ATTACH RECENT PHOTO HERE.