

**CAMP JULIETTE LOW
Staff Application**

P. O. Box 5113
Marietta, GA 30061
770-428-1062
info@CJL.org

PERSONAL INFORMATION

Name (as it appears on Social Security card) Name called Social Security #

Current Address: Street City State Zip (until what date?)

Current Telephone Current Cell Phone E-mail address

Permanent Address Street City State Zip

Permanent Telephone Best DAY and TIME to reach you by telephone

Age on June 1 Birthdate Current grade or college level Name of School/College/University

***Please place a star in the left-hand column next to the address to which you would like information sent.**

SESSIONS YOU ARE AVAILABLE	Pre-camp	1 st	2 nd	3 rd	4 th	5 th	Gypsy Week	ALL
*pre-camp is required								

Position applying for (circle): Unit Counselor Horseback staff Horseback Director* Pool Director**

Lake Director** Ropes Course Director* Program Director* Trading Post* Other _____

** must be 21 years old + must have Life Guard Certification current through the summer*

Do you have a relative attending camp this summer? Name: _____ Session: _____

CURRENT CERTIFICATIONS

Certification: Organization (Red Cross, etc.): Date Received: Expiration Date:

Lifeguard Training

CPR

(required-current through September 1)

First Aid

(required for Directors of Program areas – current through September 1)

AED

Other

Driver's License Name as it appears on license: State: #:

*****Please attach copies of certifications and driver's license with your application**

ACADEMIC HISTORY

Schools Attended Major Subjects Dates Degree

WORK EXPERIENCE

Dates Supervisor Phone Nature of Work

CAMP EXPERIENCE

Camper or Staff? Camp Location Dates

FOR PREVIOUS CJL CAMPERS ONLY:

Number of Years at CJL as a camper _____ Were you a CIT at CJL? 1st 2nd Both

Have you been on staff before? _____ When? _____

CAMP PROGRAM

Camp teaches the following activities: arts and crafts, archery, canoeing, sailing, kayaking, drama, climbing wall, ropes course, hiking, outdoor living skills, tennis, horseback riding (English), swimming lessons, water fun, and diving. We are sometimes able to offer photography, rec games, dancing and sewing.

List those activities you can organize and teach as an expert:

List those activities you can assist in teaching:

List activities (any) you consider to be your hobby.

List any physical limitations or restrictions that may affect your ability to supervise campers and/or to participate in any of the camp programs identified above.

MEDICAL AND PERSONAL HISTORY

- 1. Please attach a separate sheet and tell us why your are interested in working at our camp, what you consider to be your best strengths, and what experiences do you have working with children.
- 2. Do you have any physical or medical condition that you have not described in the program section of this application that would limit your ability to perform all of the essential functions of a camp counselor or that would prevent you from fully participating in all camp activities?

YES NO (Please Circle) If so, please explain on a separate sheet.

***You must have a current medical form on file with us which requires a physical examination in the last two years. A copy of the medical form will sent to you with your contract if you are hired OR you can print it from our website at www.CJL.org.

3. Have you ever been convicted of or entered a plea of guilty to any criminal charge?

YES NO (Please Circle)

If so, please identify the nature of the offense and the disposition of that offense on a separate sheet.

*****A background check form has been sent with this application or you have printed one online. Please fill it out and return it when you return your application.**

Please tell us from whom we should expect to receive your THREE references (reference sheets can be downloaded from our website www.CJL.org).

Name:

How they know you:

I hereby certify by my signature on the application that:

1. I am committed to offering my best effort and ability to achieving Camp Juliette Low's purposes and goals, and I will abide by its governing rules, regulations and policies if my application is accepted;
2. I am physically and emotionally fit to care for and to supervise Camp Juliette Low's campers;
3. I have never been held responsible or found guilty by any administrative, civil or criminal agency for any wrongful act or omission related to the neglect, abuse, care or supervision of children or adolescents under the age of eighteen; and
4. I understand that the Director of Camp Juliette Low may, in her sole discretion, accept or reject my application. I further understand that my application shall not be further considered if the Director determines that the information contained in this application is incomplete or inaccurate in any material respect.

Signature _____

Date _____

When/where would you be available for an interview?

Shirt size: S M L XL

If you have downloaded this application from our website, please be certain that you have also downloaded and completed the following:

1. The background check form which should be mailed with the application to:
Camp Juliette Low
P. O. Box 5113
Marietta, Georgia 30061
2. Three reference forms which should be given to the above named references. They should be completed and mailed to the above address as soon as possible. Your application will not be considered seriously until your reference forms arrive.