



JCC MetroWest Camp Deeny Riback * 2013 New Staff Application
 760 Northfield Avenue, West Orange NJ 07052 • T (973) 929-2901 • F (973) 463-3998
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Thank you for your interest in working at Camp Deeny Riback. Upon receiving your completed application and 3 reference forms, you will be contacted for an interview by a member of the CDR Team.

- Name _____ Gender: _____
- Grade Entering Sept '13 _____ School Attending: _____
- Birthday: _____ Cell #: _____
- Address _____ City: _____ State: _____ Zip: _____
- Home Phone #: _____ / Email Address: _____

- ❖ Positions you are interested in: Administrative Office Aquatics Maintenance Specialist _____
 Senior Counselor Junior Counselor Special Needs Counselor
(Entering or in College) (Jr. or Sr. Year of High School)

- ❖ Do you have an age preference?: Junior Village (PK-1st) Middle Camp (2nd-4th) Upper Camp (5th-8th) Sports Camp (3rd-6th)

- ❖ Have you read the Job Description of the position you're interested in, as posted on the CDR Website? Yes No

- ❖ Do you feel you are able to perform all the functions and expectations of this position? Yes No
 If No, explain _____

- ❖ Have you ever been convicted of a crime? Yes No
 If Yes, explain _____

EDUCATION

Years	School	Major Subjects	Degrees Granted	Honors/Awards

JEWISH or Other Religious EDUCATION

Years	School	Major Subjects	Graduation Year	Honors/Awards

➤ Organizations you are/were a member: BBYO Young Judea NIFTY USY NCSY JCC Other _____

PAST EMPLOYMENT

(Provide a full record of employment and explain any gaps in employment. Use a separate sheet, if necessary.)

Dates	Employer/Supervisor	Address	Phone or Email	Nature of Work	Reason for Leaving

➤ Indicate any employer you do not wish us to contact and reason _____

CAMP EXPERIENCE

Dates	Camp Name	Director/Supervisor	Address	Phone or Email	Camper/ Staff

RED CROSS CERTIFICATION *(Please list expiration dates.)*

Standard First Aid	CPR/AED	Life Guard Training(LGT)	Water Safety Instructor (WSI)

Place a # 1 before each activity you can organize and/or teach as an expert.
 Place a # 2 before each activity you can assist in teaching.
 Place a "C" before each activity you have current certification and please attach a copy of that certification.

JEWISH PROGRAMMING

- ___ Leading Shabbat Activities
- ___ Hebrew or Bar/Bat Mitzvah Tutoring
- ___ Judaic Programming (Holidays, etc.)

ARTS & CRAFTS

- ___ Wood Crafts
- ___ Painting/Drawing
- ___ Ceramics
- ___ Digital Photography
- ___ General A&C. Other _____

OUTDOORS SKILLS

- ___ Archery _____ Mt. Bikes
- ___ Ropes Course

AQUATICS (certification required)

- ___ Lifeguard ___ LGT ___ WSI
- ___ Lakefront

PERFORMING ARTS

- ___ Drama/ Camp Play
- ___ Dance/Gymnastics/Yoga
- ___ Storytelling

ATHLETICS

- ___ Basketball
- ___ Soccer
- ___ Baseball
- ___ Tennis
- ___ Hockey
- ___ Volleyball
- ___ Cheerleading
- ___ Gymnastics
- ___ Golf
- ___ Flag Football
- ___ Other _____

MUSIC

- ___ Hebrew/Israeli
- ___ Song Leading
- ___ Do you play an instrument?
- If Yes - what instrument? _____

OTHER * (Check off interests)

- ___ * Before Care (7:30-8:30am)
- ___ * After Care (until 6pm, 5:30 on Friday)
- ___ * Bus Counselor
- ___ * Pre-Camp (June 18-22)
- ___ * Week 9 (Aug 20-24)
- * Additional compensation given

On a separate piece of paper, please answer the following questions as thoroughly as possible. This is your chance to tell us why you would like to work at our camp.

1. What do you consider the 2 most important components of a child's summer camp experience?
2. What do you believe are the 2 most important responsibilities for the position you are applying?
3. Please share some personal characteristics, skills, talents or experiences that will help us to understand why it would be valuable to have you as a member of our staff.
4. Finish the following sentences:
 At the end of the summer, I hope a child under my care will say that I _____
 At the end of the summer, I hope that my supervisor says that I _____

Are you committed to work all 39 days of the summer? YES / NO (Circle one)

If not, what days do you need to miss and why? _____

Please check appropriate exceptions and note dates of expected absence:

<input type="checkbox"/> Family trip _____	<input type="checkbox"/> RA training _____
<input type="checkbox"/> College Orientation _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Medical Appt. _____	

I authorize investigation of all statements herein and release JCC MetroWest and all others from liability in connection with the same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the Camp Director. I understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant will result in dismissal, regardless of the time of discovery by the camp. I understand that JCC MetroWest Camp Deeny Riback is an equal employment opportunity provider whose hiring practices are in accordance with applicable state and federal law. JCC MetroWest Camp Deeny Riback provides equal opportunities to employees and applicants without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

Signature _____

Date _____

Print Name _____