



The Aaron and Marjorie Ziegelman Campus ▪ South Sterling, PA

2010 STAFF APPLICATION

Please print or type all information

GENERAL INFORMATION

Position applying for: _____ Date of application _____

Name: _____ SS#/SI# _____

Permanent address: _____

City, State/Province, Zip _____ Phone: _____

Present address: _____

City, State/Province, Zip _____ Phone: _____

Until what date is the present address valid? _____

E-mail address: _____ Cell Phone: _____

Will you be at least 18 years of age on June 1, 2010? ___ Yes ___ No

REFERENCES

List three people, other than relatives or personal friends, who know you personally. If possible, at least one should be someone who has worked with or supervised you in a Jewish setting. Please give complete names and addresses. *If you have worked at Camp JRF in the past, no more than one reference may be from that employment.*

Name: _____ **Relationship to Applicant:** _____

E-mail: _____ **Phone:** _____

Address: _____

City, State/Province, Zip: _____ **Fax:** _____

Name: _____ **Relationship to Applicant:** _____

E-mail: _____ **Phone:** _____

Address: _____

City, State/Province, Zip: _____ **Fax:** _____

Name: _____ **Relationship to Applicant:** _____

E-mail: _____ **Phone:** _____

Address: _____

City, State/Province, Zip: _____ **Fax:** _____

For Office Use Only

Date Application Received: _____ Date Contract Sent: _____

Date Contract Received: _____ Date Program Material Sent: _____

CERTIFICATIONS and SPECIAL TRAINING

American Red Cross: Lifeguard, exp. date _____ Small Craft, exp. date _____
 WSI, exp. date _____ CPR, exp. date _____ Other _____
First Aid (specify type) _____ exp. date _____
Other Certifications _____ exp. date _____
Ropes Course Experience/Certification: _____

SKILLS and INTERESTS

Write **3** if you are a qualified expert and can be a lead teacher for the activity. Write **2** if you have considerable experience in the activity and could assist in teaching. Write **1** if you have interest in the activity, but not qualified to teach it. Leave blank if you have no interest in the activity.

Art and Media

___ Arts/Crafts
___ Audio Recording
___ Broadcasting
___ Cartooning
___ Ceramics
___ Creative Writing
___ Drawing/Painting
___ Journalism
___ Photography
___ Video Production

Performing Arts

___ Choir
___ Drama
___ Guitar
___ Israeli Dance
___ Music
___ Song Leading
___ Theatre Tech

Waterfront

___ Boating
___ Canoeing
___ Kayaking
___ Power Boating
___ Swimming

Outdoors

___ Archery
___ Backpacking
___ Camping
___ Ecology/Nature
___ Gardening
___ Mountain Biking
___ Pioneering
___ Rock Climbing
___ Ropes Course

Sports

___ Basketball
___ Fitness
___ Floor Hockey
___ Football
___ Gymnastics
___ Martial Arts
___ Soccer
___ Tennis
___ Track & Field
___ Ultimate Frisbee
___ Volleyball
___ Yoga

Administration

___ Computers
___ Office Skills

Other interests, activities or skills you could contribute to camp: _____

EDUCATION

College/University Attended _____ Years attended _____

Major _____ Graduation (or expected Graduation) Year _____

College/University Attended _____ Years attended _____

Major _____ Graduation (or expected Graduation) Year _____

High School Attended _____ City, State _____

Date of Graduation or GED: _____

What is your professional goal and could this employment relate to it? _____

GENERAL EMPLOYMENT EXPERIENCE

Please list camp, youth work and teaching experience first. You may attach a resume in addition to the information below.

Employer: _____

Position: _____ Dates: _____

Phone: _____ Fax: _____

Address: _____

City, State/Province, Zip: _____ Salary: _____

Immediate Supervisor: _____ May We Contact? Yes No

E-mail Address: _____

Describe responsibilities of position:

Employer: _____

Position: _____ Dates: _____

Phone: _____ Fax: _____

Address: _____

City, State/Province, Zip: _____ Salary: _____

Immediate Supervisor: _____ May We Contact? Yes No

E-mail Address: _____

Describe responsibilities of position:

Employer: _____

Position: _____ Dates: _____

Phone: _____ Fax: _____

Address: _____

City, State/Province, Zip: _____ Salary: _____

Immediate Supervisor: _____ May We Contact? Yes No

E-mail Address: _____

Describe responsibilities of position:

Please list any additional work experience working with children or teens:

How did you hear about Camp JRF? _____ Salary Expectations: _____

QUESTIONNAIRE

1. Please describe your previous day/overnight camping experience.
2. What impact do you hope to have on a young person's camp experience?
3. Please explain what you would like to contribute to Reconstructionist camping.
4. What particular strength do you feel you would bring to the position?
5. What do you hope to gain from this experience?
6. Is there a particular age group that you feel you would work best with and why?

GENERAL INFORMATION and AUTHORIZATION

1. Have you ever been charged with, or convicted of, a misdemeanor? Yes No
If yes, please provide details:
2. Have you ever been charged with, or convicted of, a felony? Yes No
If yes, please provide details:
3. Have you ever been charged with, or found guilty of, committing an act of physical, sexual or any other type of child abuse? Yes No
If yes, please provide details:

I authorize Camp JRF and/or its agents to conduct an independent background investigation. I further authorize Camp JRF and/or its agents to request or receive any information including criminal, motor vehicle reports, past employments, education and/or references from any persons, schools or previous employers. The above statements on this form are true. I understand that if employed they will become a part of my personal file and that any misstatement of fact on this and other application forms may be cause for immediate dismissal.

Signature _____ Date _____

*Thank you for completing your application.
Please **return** your form to Camp JRF.*

Mail or fax completed application to:
Camp JRF—Staff
101 Greenwood Avenue, Suite 430, Jenkintown, PA 19046
Fax: (215) 885-5603



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APPLICATION FOR PROGRAM STAFF JEWISH SUPPLEMENT

If you are applying for a program position, please complete this form and return it with your application.

Name: _____

Date: _____

JEWISH EDUCATION

Please list your previous Jewish Education: _____

Bar/Bat Mitzvah – Year: _____ Name of Rabbi: _____

Congregation Affiliation: Reconstructionist Conservative Reform Orthodox
 Unaffiliated Other: _____

Youth Group / College Activities / Current Affiliations with Jewish Groups: _____

Have you ever been to Israel? Yes No If yes, when? _____

Program Name(s): _____

Length of Program(s): _____

Did you attend Jewish camp as a camper? Yes No

If yes, Camp Name: _____ Years: _____ Residential Day

Camp Name: _____ Years: _____ Residential Day

Have you worked as a counselor in a Jewish camp? Yes No

If yes, Camp Name: _____ Years: _____ Residential Day

Camp Name: _____ Years: _____ Residential Day

Current Congregation / Havurah: _____ City, State/Province: _____

What has had the greatest impact on your Jewish identity? _____
