



Neil Klatskin Summer Camps **STAFF APPLICATION**

KAPLEN JCC on the Palisades TAUB CAMPUS | 411 E CLINTON AVE, TENAFLY, NJ 07670 | P 201.567.8963 | F 201.569.5039 | jccotp.org/camps

Please fill out this form completely, checking all boxes that apply and ranking items where appropriate. Send completed application to the camp office.

Please note: Employment for applicants 18 Years and older is contingent upon a background check.

CAMP SCHEDULED FROM JUNE 24-AUG 16. IF HIRED, YOU MUST BE ABLE TO COMMIT TO ALL 8 WEEKS (UNLESS NOTED BELOW FOR SOME SPECIALTY CAMPS).

Name _____ Gender _____ DOB _____

Permanent Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Email _____

High School _____ College _____

Parent/Guardian (for applicants under 18 years of age) _____

Have you ever been employed at the Kaplen JCC on the Palisades? Yes No

If yes, list departments and dates _____

SCHOOL LEVEL FROM SEPT 2018-JUN 2019: High School College College Grad Gap Year

GRADE LEVEL FROM SEPT 2018-JUN 2019: Freshman (college only) Sophomore Junior Senior

If applicable, when do you return to school or have college orientation? _____

Most positions require an 8 week commitment. Are you available for orientation several evenings between June 10-23 & Sun, June 23? Yes No, if no, when? _____

PROGRAM PREFERENCE (NUMBER TOP 3 IN ORDER OF PREFERENCE WITH 1 BEING FIRST CHOICE. CHOICES ARE NOT GUARANTEED)

TRADITIONAL DAY CAMPS FOR AGE 3-GRADE 2

___ Kadima (Ages 3-4) ___ Gedolim (Grade K-2) ___ Start-Up Nation (Ages 3-5, Grades K-2, Hebrew) ___ NKDC Experience (Grades 3-5) ___ Tikvah (Special Needs - all ages)

SPECIALTY CAMPS FOR GRADES 3+

___ Sports Plus ___ Tennis (July 22-Aug 16) ___ Basketball (June 24-July 19) ___ Fine Arts ___ Big Idea Hi-Tech ___ Science (Jun 24-Aug 2)

___ Dance (Aug 5-Aug 16) ___ Drama

Shift Preference (there is additional compensation for longer shifts): 8:30 am-4:30 pm 7:30 am-4:30 pm 8:30 am-6 pm 7:30 am-6 pm

Will you require bus transportation? Yes No

Are you interested in being a bus counselor for additional compensation? Yes No

Are you available to work June 1-23 for additional compensation? Yes, dates and hours available _____ No

Are you available to work Aug 20-31 for additional compensation? Yes No – If yes, dates available _____, preferred age group: Ages 3-5 Gr. K-5

JOB PREFERENCE (NUMBER TOP 3 IN ORDER OF PREFERENCE WITH 1 BEING YOUR FIRST CHOICE. CHOICES ARE NOT GUARANTEED)

___ Junior Counselor (High School SO, JR, SR students from 9/2018-6/2019)

___ Senior Counselor (College Freshman or older & Gap Year from 9/2018-6/2019)

___ Kadima (Ages 3-4) Head Counselor (Certified educators with classroom experience)

___ Gedolim (Kdg.) Head Counselor (Certified educators with classroom experience)

___ Day Camps Athletic Staff (K-2nd Grade)

___ Shadow (one-on-one aide for campers with unique needs)

___ Floater (a counselor who is not assigned to a specific group)

___ Kitchen Staff

___ Specialist for _____ (eligibility/certifications determined by position applying for)

CURRENT CERTIFICATIONS (INCLUDE COPIES OF CERTIFICATION):

Community First Aid (Expires: _____) Community CPR (Expires: _____) Lifeguard Training (Expires: _____)

Water Safety Instruction (Expires: _____) Emergency Medical Technician (Expires: _____)

Other- Please specify certification and expiration date _____

Signature _____ Date _____

Previous Employment (If you have one, please send a resume.)

CAMP EXPERIENCE (CAMPER AND/OR STAFF)

Camper Camp Name _____ Dates _____

Camp Name _____ Dates _____

Staff Camp Name _____ Dates _____ Supervisor _____

Position and responsibilities _____

Camp Name _____ Dates _____ Supervisor _____

Position and responsibilities _____

PAST NON-CAMPING EMPLOYMENT/EXPERIENCES

Employer _____ Position _____ Dates _____

Supervisor _____ Address _____

Phone # _____ Email _____

Employer _____ Position _____ Dates _____

Supervisor _____ Address _____

Phone # _____ Email _____

Employer _____ Position _____ Dates _____

Supervisor _____ Address _____

Phone # _____ Email _____

IF YOU HAVE NOT BEEN EMPLOYED, PLEASE INDICATE WHAT YOU HAVE DONE FOR THE PAST TWO SUMMERS:

PLEASE LIST 3 PEOPLE THAT WILL SUBMIT A REFERENCE FORM FOR YOU.

Please submit with 3 completed reference forms and a resume. References should not be related to you. At least two references must have knowledge of your experience with children. **Interviews are only scheduled after all references are received.**

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Equal Opportunity Employer

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PLEASE SPEND SOME TIME ANSWERING THE FOLLOWING QUESTIONS. YOUR RESPONSE WILL HELP US DETERMINE YOUR ABILITY TO WORK IN THE POSITION YOU HAVE APPLIED FOR.

1. List any experience that you have had working with children:

2. What do you think are the most important aspects of being a good counselor?

3. What qualities do you possess which will make you an effective counselor?

4. List any extra curricular activities you participate in (clubs, teen youth groups, etc.):

5. Why do you want to work at camp?

6. What impact do you think a well run Jewish Camp can have on a child?

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Reference Form

(3 separate references required)

APPLICANT: Please complete this top section.

Authorization: I have applied for employment at the Neil Klatskin Summer Camps. In order to process my application for acceptance, I authorize all references to release any information requested.

Applicant's Name: _____ Camp Position: _____

Signature: _____ Date: _____

REFERENCE: The above named person has applied for employment with the Kaplen JCC on the Palisades' Neil Klatskin Summer Camps to work with children. Your critical appraisal and confidential evaluation of this person is requested. We are looking for extraordinary people who are truly interested in working with children and need staff who are emotionally mature as well as conscientious and responsible. Please return this form either directly to the camp office or to the applicant in a sealed envelope. Thank you for your prompt response and assistance.

Your Name _____ Title _____

Phone Number _____ Are you a Kaplen JCC on the Palisades member? _____

Signature: _____ Date: _____

How long have you known the applicant? _____ In what capacity? _____

Do you feel this person will make a good camp counselor? _____

If you are a parent, would you want this candidate to work with your child(ren)? WHY OR WHY NOT?

What strengths or attributes do you foresee this person bringing to our camp?

List a situation where this person proved to be a responsible adult in your community:

Other comments: