



Twin Oaks Day Camp
 PO Box 750
 Freeport, NY 11520

www.twinoksdaycamp.com

GENERAL STAFF APPLICATION

POSITION SOUGHT: _____ DATE OF APPLICATION: _____

LEGAL NAME: _____ Nickname (if any) _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

School Address (if different from above) _____

DATE OF BIRTH: _____ Social Security Number: _____ Circle: Male Female

Home Phone: _____ Cell Phone: _____

Email Address (please write LEGIBLY): _____

XX

EDUCATION

High School (18 or under) _____ Most recent grade completed: _____

College Attended: _____ Graduate School (if applicable): _____

PRIOR CAMP EXPERIENCE

Camp Name: _____ Position: _____ Location: _____

Camp Name: _____ Position: _____ Location: _____

Camp Name: _____ Position: _____ Location: _____

PAID EMPLOYMENT EXPERIENCE

Position: _____ Employer Name & Address: _____

Supervisor Name & Phone _____ Dates Employed: _____

Position: _____ Employer Name & Address: _____

Supervisor Name & Phone _____ Dates Employed: _____

OTHER WORK EXPERIENCE (Volunteer or otherwise)

Position: _____ Employer Name & Address: _____

Supervisor Name & Phone _____ Dates Employed: _____

EXPERIENCE WORKING WITH CHILDREN

Please describe what experience you have had working with children: _____

REFERENCES

Referred by (if applicable): _____

List 3 people (NOT related to you) who have knowledge of your experience in working with children:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MISCELLANEOUS INFORMATION:

Any special conditions which will enter into your accepting employment at camp? _____

Any obligations (school, work) requiring time off from the eight week camp session? Explain. _____

Do you have a preference as to age groups you feel qualified to work with? Order 1st, 2nd, 3rd in terms of preference:

3 & 4 year olds _____ 5,6,7 year olds _____ 8 & 9 year olds _____

Do you prefer working with BOYS or GIRLS? Please circle your preference.

SHARE YOUR SKILLS

Please check off each item that you have experience with or enjoy doing and describe:

- Arts & Crafts _____
- Dance _____
- Gymnastics _____
- Yoga _____
- Drama _____
- Science _____
- Music _____
- Photography/Video _____
- Sports / Athletics: _____
- Other _____

CERTIFICATIONS

Check which of the following you possess:

- Nassau County Certified Lifeguard _____ Certification / Expiration Date: _____
- Red Cross Water Safety Instructor _____ Certification / Expiration Date: _____
- Red Cross Advanced Lifesaving _____ Certification / Expiration Date: _____
- CPR PRO _____ Certification / Expiration Date: _____
- Red Cross First Aid _____ Certification / Expiration Date: _____

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? _____ If yes, please explain _____

Do you have a CDL? _____ If yes, would you be willing to drive a mini-bus? _____

Do you have children that would be coming to camp? _____

Do you have your own transportation to and from camp? _____ Will you need bus transportation? _____

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The undersigned authorizes the camp to contact any previous employers and personal references. Your opportunity for employment will be based solely upon your merit and the availability of positions.

The undersigned warrants that the information given on this application is true.

APPLICANT SIGNATURE: \_\_\_\_\_

Parent/ Guardian Signature (if applicant is under 18): \_\_\_\_\_

**KINDLY FILL OUT THE COMPLETE APPLICATION AND RETURN IT IMMEDIATELY. If you qualify for a position, we will call you for an interview.**