

The Sherry Wilzig Izak
GAN ISRAEL DAY CAMPS

226 Sussex Avenue, P.O. Box 1996 Morristown NJ 07962
Phone: 973-267-9404 Fax:973-267-5208 Website: www.GanIsrael.org E-mail: Greatimes@ganisrael.org

Staff Application Form

Name: _____ Male / Female; Home Phone: _____

Cell Phone: _____ E-Mail: _____

Position sought: _____ Division: _____

Permanent Address (Include City, State & Zip) _____

Birth date: _____ Age _____ Grade Entering Sept. '10: _____

Referred by: _____

Mini Gan Izzy West Orange ___ Kiddie Camp ___ Girl's Division ___ Boys Division ___

Which division would you like to work in? _____

Describe why: _____

Applications for both sessions will take precedence over those applying for one session.

List Camp Staff Experience

	Camp name	Address	Phone	Dates	Position Held
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

Education

	Name	Address of school	Degree (if any)	Dates
Elementary	_____	_____	_____	_____
Yeshiva/Seminary	_____	_____	_____	_____

Paid Employment (Other than camp)

	Employer's Name	Address & Phone	Position	Dates
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Other Work Experiences (volunteer)

	Employer's Name	Address & Phone	Position	Dates
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

Experience as a camper: _____

Please describe exactly what experience you have had working with Children:

Check Areas in Which You Have:

1. Interest 2. Experience 3. Teaching Knowledge

	1	2	3		1	2	3
Sports				Gymnastics			
Arts & Crafts				Nature			
Cooking				Woodworking			
Ceramics				Drama			
Newspaper				Archery			
Music				Sewing			
Swimming				Song Writing			
Dance				Drawing			

Other _____

Are you a:

_____ Certified Lifesaver Date _____
 _____ Water Safety Instructor Red Cross _____ Date _____
 _____ First Aid Standard Date _____
 _____ Registered Nurse Year _____ State _____
 _____ Licensed Driver DL# _____ State _____

Have you ever been convicted of a crime? (Y/N) _____

Have you had any serious illness? (Y/N) _____

Mental Health Problems? (Y/N) _____

Are you on Medication? (Y/N) _____

If yes please explain _____

ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL

References

List 2 persons (at least 1 that is NOT related to you) who have knowledge of your experience in working with children:

(1) Name _____ Phone _____
 Address _____
 Capacity in which person has known you _____

(2) Name _____ Phone _____
 Address _____
 Capacity in which person has known you _____

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.

Signature of Applicant _____
 (If under 18 years of age- Signature of parent or guardian required)

Parent/Guardian _____ Date _____

Please return to address above.