



Job Application Summer 2021

Please return this completed form to:
JCC Camp By The Sea
501 N. Jerome Ave.
Margate, NJ 08402

or return via email:
jcutler@jccatlantic.org
or fax:
609.822.9419

Personal Information

Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Summer Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Email: _____

Social Security Number: _____ - _____ - _____

Have you previously been employed by Camp By The Sea or the Milton & Betty Katz JCC? Yes No

Availability

Are you able to commit to work all nine weeks of Camp By The Sea (6/21 - 8/20)? Yes No

If **No**, please list the dates your are unable to work and why: _____

Are you available to attend all three days of camp staff orientation (6/16 - 6/18)? Yes No

If **No**, please list the dates your are unable to attend and why: _____

Positions Applying For (Check ALL that apply)

- Junior Counselor (For applicants entering grades 11 or 12 in Fall of 2021)
- Counselor (For applicants entering College in Fall of 2021)
- Senior Counselor (For applicants College Age or Older)
- Special Needs Counselor
- Division Head (For applicants with college degree and supervisory experience)
- Specialist - Please choose specialty (Check all that apply) :
 - Music Sports Art Dance Performing Arts
 - Swim Instructor Other _____
- Camp Nurse/EMT (Certification Required)
- Lifeguard
- Optional AM Care (7:30 - 9:00 am)
- Optional PM Care (4:00 - 6:00 pm)

Please choose the camp level you would like to work with:

- 2 - 4 Years Old Grades K - 1 Grades 2 - 3 Grades 4 - 6 Grades 7 - 8

Why did you choose those groups? _____

Personality Profile

Did you attend summer camp as a child? Yes No

Summer Camp Attended: _____

Years attended: _____

Summer Camp Attended: _____

Years attended: _____

What organizations have you been affiliated with? (i.e. clubs, youth groups, school activities, professional associations)

Do you play any musical Instruments? Yes No

If Yes, please list: _____

Are there any skill, sports, or other areas of interest you are proficient in and could teach or lead others? Yes No

If Yes, please list: _____

Why you would like to work at Camp By The Sea this summer?

What are your goals and how could employment at Camp By The Sea help you to reach them?

List one thing you would like to learn about during orientation and why?

Is there anything you would like to know about Camp By The Sea?

Education

High School: _____ Location: _____ Years Attended: _____

Have you graduated? Yes No Year of Graduation: _____

College: _____ Location: _____ Years Attended: _____

Have you graduated? Yes No Year of Graduation: _____ Major/Degree: _____

Trade School: _____ Location: _____ Years Attended: _____

Have you graduated? Yes No Year of Graduation: _____ Major/Degree: _____

Other: _____ Location: _____ Years Attended: _____

Have you graduated? Yes No Year of Graduation: _____ Major/Degree: _____

Please list any applicable specialty skills, training, certifications or proficiencies: _____

Employment History

Current or Most Recent Employer: _____ Dates of Employment: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Reason for Leaving: _____

Telephone: _____ Supervisor: _____ May we contact this employer? Yes No

Employer: _____ Dates of Employment: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Reason for Leaving: _____

Telephone: _____ Supervisor: _____ May we contact this employer? Yes No

Employer: _____ Dates of Employment: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Reason for Leaving: _____

Telephone: _____ Supervisor: _____ May we contact this employer? Yes No

Employer: _____ Dates of Employment: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Reason for Leaving: _____

Telephone: _____ Supervisor: _____ May we contact this employer? Yes No

Applicant Agreement:

The information I have given is truthful and accurate to the best of my knowledge. I am available for the entire camp season (unless otherwise noted) and I will arrange to deal with personal problems and appointments before camp begins or after camp ends. I authorize you to make criminal and background checks (18 or older) and inquiries of my past/present employment. In the event I am employed I understand that false or misleading information given in my application and/ or interview may result in termination. I have sent out the two reference request forms and understand that after they are received by Camp By The Sea I will be contacted.

Signature: _____ Date: ____/____/____



Camp Staff Reference Form

Please return this completed form to:

JCC Camp By The Sea
501 N. Jerome Ave.
Margate, NJ 08402

or return via email:

jcutler@jccatlantic.org

or fax:

609.822.9419

Applicant's Name: _____

Please type or print clearly.

Date: ____/____/____

Greetings,

The person named above has applied for a position as a counselor and/or specialist in our day camp. Your critical appraisal and confidential evaluation of this person will be of great help in selecting our summer 2021 staff.

It is most important for leaders of boys and girls to be of high ideals, possess integrity, get along well with others in the intimate life of camp, be attentive to children and demonstrate a willingness to do more than "his or her share."

A counselor's summer involves working with children between the ages of 2 to 14 for nine weeks.

We would appreciate your providing confidential information about the applicant. One of the criteria for hire is the information supplied by references and statements made by the applicant. Therefore, we hope you will be honest and objective so that we may insure safety for our campers.

Please complete the checklist attached to this sheet and return it to our above address, fax to 609. 822. 9419 or email to jcutler@jccatlantic.org.

Your speedy reply will be greatly appreciated.

Thank you,

Josh Cutler

Program Director
Milton & Betty Katz JCC



Camp Staff Reference Form

Applicant's Name: _____

Date: ____/____/____

Personal Information

Your Name _____ School or Business: _____

Your Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Email: _____

General Information

How many years have you known the applicant? _____

How are you acquainted to the applicant? _____

Would you hire/re-hire the applicant? Yes No N/A

Why or why not? _____

Is this the type of person you would want as a counselor for your child? Yes No N/A

Why or why not? _____

Additional Comments: _____

Please rate the applicant in the following categories:

Motivation

Poor Fair Average Good Excellent

Enthusiasm

Poor Fair Average Good Excellent

Energy

Poor Fair Average Good Excellent

Social Attitude

Poor Fair Average Good Excellent

Leadership

Poor Fair Average Good Excellent

Patience

Poor Fair Average Good Excellent

Communication

Poor Fair Average Good Excellent

Responsibility

Poor Fair Average Good Excellent

Understanding Children

Poor Fair Average Good Excellent

Emotional Maturity

Poor Fair Average Good Excellent

Social Acceptability

Poor Fair Average Good Excellent

Ability to Accept Supervision

Poor Fair Average Good Excellent

Signature: _____

Date: ____/____/____