

# CAMP CHOMEISH of New England

## Staff Application 5772 - 2012

To register, fill out all information, one form per staff member, sign and return/mail to the address below. Answer all questions.

Name \_\_\_\_\_  
Last name First name Full Hebrew name

I wish to apply for the following position: \_\_\_\_\_ To be paid  Volunteer

For:  Full Summer (Tuesday, 5 Av/July 24–Monday, 2 Elul/August 20)

Birth Date \_\_\_/\_\_\_/\_\_\_ Heb. Birth day \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade **concluded** as of **June, 2012** \_\_\_

School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Summer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents' Names \_\_\_\_\_  
Last name Father's first name Mother's first name

YOUR SOCIAL SECURITY # \_\_\_/\_\_\_/\_\_\_ Do you have a valid driver license  yes  no

### In case of emergency: (PLEASE FILL IN THE FOLLOWING INFORMATION)\*

Father's place of business \_\_\_\_\_ Phone \_\_\_\_\_

Father's Beeper \_\_\_\_\_ Cell phone \_\_\_\_\_ Fax \_\_\_\_\_

Mother's place of business \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Beeper \_\_\_\_\_ Cell phone \_\_\_\_\_ Fax \_\_\_\_\_

Other emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Beeper \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Father's Social Security Num \_\_\_/\_\_\_/\_\_\_ \*Mother's \_\_\_/\_\_\_/\_\_\_

\*Date of birth \_\_\_/\_\_\_/\_\_\_ \*Date of birth \_\_\_/\_\_\_/\_\_\_

Med. Insurance Co. \_\_\_\_\_ # \_\_\_\_\_ **please send copy of card**

**ALL STAFF MEMBER REGARDLESS OF AGE MUST SUBMIT A COMPLETED MEDICAL FORM**

### Previous camping experience:

Camp \_\_\_\_\_ year \_\_\_\_\_ position \_\_\_\_\_

Camp \_\_\_\_\_ year \_\_\_\_\_ position \_\_\_\_\_

Do you have a valid lifeguard certification?  Yes  No what degree? \_\_\_\_\_

Do you have a valid First aid/CPR certification?  Yes  No what degree? \_\_\_\_\_

What experience have you had working with children?

\_\_\_\_\_  
\_\_\_\_\_

\* This information is needed for Medical Emergency Camp Records and required by most hospital admittance.

Please state the reason/s that you would like to come to Camp Chomeish.

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How do you consider yourself on a scale of 1-10 (1=low, 10=high): (must answer all)

\_\_\_ Lebadik, \_\_\_ Artistic, \_\_\_ Enthusiastic, \_\_\_ Amenable, \_\_\_ Responsible, \_\_\_ Sociable,  
\_\_\_ Mikushres to The Rebbe MH”M Shlit”a, \_\_\_ Says Chitas Daily, \_\_\_ Chassidish,  
\_\_\_ Tznuah (Modest), Warm personality, \_\_\_ Sense of Humor, \_\_\_ Aggressive, \_\_\_ Sensitive,  
\_\_\_ Domineering, \_\_\_ Obedient, \_\_\_ Respectful,

The following questions are asked for State licensing and insurance purposes, please don't joke.

- a) Do you have any criminal convictions?  no  yes
- b) Have you ever been accused of, or involved in an incident involving the sexual or physical abuse of a child?  
 NO  YES If yes to a) or b), please give details, when, where etc.

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References:

Please list 3 references Name/Phone Number and have them submit the reference questioner.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

In case of medical emergency, Camp Chomeish will make every attempt to contact parent, guardian, and emergency contact named above. Should Camp Chomeish be unable to reach these contacts at the numbers listed above, **parent or guardian hereby authorizes Camp ChoMeiSH to obtain medical treatment for the person named on these forms above. All physician, prescriptions or hospital charges are the responsibility of the parents. Permission is also hereby given to Camp ChoMeiSH to take all persons named above on all camp outings and trips out of the campgrounds.** Before any person attends Camp Chomeish, it is the parents' responsibility to obtain, read, understand and comply with the rules, regulations, and information found in the Camp Chomeish Parents' Handbook. Staff/Children who attend Camp Chomeish may be photographed and Camp Chomeish may use said photos for publicity purposes both in print and other media. Submitting an application, whether or not the application is signed, constitutes full acceptance of the terms and conditions listed herein.

**I hereby certify that the above information is true and correct and agree to abide by all rules and regulations set forth in camp.**

Staff members Signature \_\_\_\_\_ Date \_\_\_\_\_

Under 18 requires Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

All staff under 18 are required to submit a CMS-IE form for the Summer Food Program.

Please send application to:

**CAMP CHOMEISH of New England • P.O. Box 248 • Moodus, CT 06469-0248**  
**(203) 243-7765** e-mail: staff@campchomeish.org

**For Camp office use only:**

- Medical form  Emergency information  Income eligibility form