

CAMP CHOMEISH of New England

Waitress Application 5765 - 2005

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 Session 1 (June 28-July 26) Session 2 (July 26-August 26)

Birth Date ___/___/___ Heb. Birth day ___/___/___ Age ___ Grade **concluded** as of **June, 2005** ___

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.

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.

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 ~433 Kingston Avenue Suite # 6 ~ Brooklyn, NY 11225-3127
(203) 371-0104 FAX (203) 371-7434 e-mail: staff@campchomeish.org**

For Camp office use only:

- Medical form Emergency information Income eligibility form