JEWISH FEDERATION OF ST. JOSEPH VALLEY CAMP IDEAL STAFF APPLICATION FORM

| NAME | | BIRTHDATE | |
|-----------------------------|------------|----------------|--|
| ADDRESS | | | |
| CITY | STATE | ZIP | |
| SOCIAL SECURITY NUMBER | | | |
| HOME PHONE | CELL PHONE | | |
| E-MAIL | | | |
| EDUCATION: | | | |
| HIGH SCHOOL | | YEAR COMPLETED | |
| COLLEGE | YE | AR COMPLETED | |
| RELIGIOUS SCHOOL | | | |
| EXTRA CURRICULAR ACTIVITIES | | | |
| | | | |
| | | | |
| SPECIAL SKILLS | | | |
| | | | |

What certifications do you hold? Circle those that are currently active:

Swimming: Beginner Intermediate Advanced

<u>Life Saving:</u> Adult First Aid/ CPR/ AED Pediatric First Aid/ CPR/ AED

| Are you physically able to participate in all activities? Yes No | If no, please clarify. |
|--|------------------------|
| | |
| Do you have a chronic illness or condition? Yes No | |
| If yes, do you take a regular medication for it? Yes No | |
| Name and describe illness or condition | |
| | |
| | |
| | |
| | |
| OTHER EMPLOYMENT: | |
| Employer/Supervisor | Dates Employed |
| Employer Address | Telephone |
| Work Performed: | |
| | |
| | |
| Employer/Supervisor | Dates Employed |
| Employer Address | Telephone |
| Work Performed: | |

PLEASE COMPLETE THE FOLLOWING:

| lease explain why you want | to work at Camp Ideal: | | |
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| n the list of following activiti | es, circle those you can teach and lead: | | |
| | | | |
| | • | | |
| arts and Crafts | Hebrew Language | Sports: Baseball | |
| | | Sports: Baseball Basketba | 11 |
| Camp Craft | Hebrew Language | | II |
| Camp Craft Dance | Hebrew Language Israeli Dance | Basketba | II |
| Camp Craft Dance Games | Hebrew Language Israeli Dance Nature Lore | Basketba Soccer Tennis Track & F | ield |
| Camp Craft Dance Games Gardening | Hebrew Language Israeli Dance Nature Lore Newspaper Skits/Drama Group Singing | Basketba Soccer Tennis | ield |
| Arts and Crafts Camp Craft Dance Games Gardening Story-telling Guitar | Hebrew Language Israeli Dance Nature Lore Newspaper Skits/Drama | Basketba Soccer Tennis Track & F Volleybal | ield |

REFERENCES:

| Please | nrovide t | hree i | references | who wil | Lattest to | vour | ahilities | and | character |
|-----------|------------|--------|------------|------------|-------------|---------|-----------|------|--------------|
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| Name | | |
|---------------|------|------|
| | | |
| Address | | |
| | | |
| Daytime Phone | | |
| | | |
| Name | | |
| | | |
| Address | | |
| | | |
| Daytime Phone | | |
| | | |
| Name | | |
| | | |
| Address | | |
| | | |
| Daytime Phone | | |

Please send to: Jewish Federation/Camp Ideal, 3202 Shalom Way, South Bend, IN 46615 or you can e-mail Camp@TheJewishFed.org.