



JCC Rockland
 450 West Nyack Road
 West Nyack, NY 10994
 jccrockland.org
 camps@jccrockland.org

EMPLOYMENT APPLICATION FOR RETURNING STAFF

Name _____ Grade Entering 9/18 _____
 Email Address _____ Social Security Number _____
 Permanent Address _____ Cell Phone: _____

Positions you are interested in: Head Counselor (20+) General Counselor (18+)
 Jr. Counselor (16+ or entering 11th grade) Aquatic/Lifeguard Porter Leadership
 Specialist (please specify specialty area) _____

What age group do you prefer working with? 18 months-2.5 years 3-5 Years Grades K-2
 Grades 3-5 Grades 6-8 Grades 9-10

Have you ever been arrested and/or convicted of a child abuse, neglect or sexual abuse crime?

Yes No

If yes, please explain _____

Have you ever been convicted of a felony? (Please note that an affirmative response will not necessarily disqualify you from the position) Yes No

If yes, please explain _____

EDUCATION (Please update any changes in education, i.e. any degrees received during the past year.)

YEARS	SCHOOL	MAJOR SUBJECTS	DEGREE GRANTED	HONORS/AWARDS

CERTIFICATION (Please list expiration dates.)

Standard First Aid	CPR/AED	Life Guard Training (LGT)	Water Safety Instructor (WD)
AED	EMT/RTE	RN/LPN	Archery/Ropes

Why do you want to return to JCC Rockland Camps this summer? _____

Name two things you hope to gain from this experience: _____

How can your program be improved? _____

I am available to work the full camp season - June 25-August 17, M-F 8:30am-4:30pm plus training and set-up dates and times during the weeks of June 11-22 Yes No

If no, please explain _____

AUTHORIZE FOR BACKGROUND INVESTIGATION

I authorize the JCC Rockland, or any of its agents, to make written or oral inquiries of any of my former employers, references, doctors, or any school or educational institutions which I attended, or any law enforcement authorities or agencies, or hospitals, concerning any information given by me in my application of employment. I give permission for the JCC Rockland to complete any background investigation required for employment. I certify that the information contained on the application, which I have completed is correct, to the best of my knowledge. I understand that deliberate falsification of this information will be grounds for dismissal. I release all parties from all liability for any damages that may result from furnishing this information to you.

VERACITY OF APPLICATION

I certify, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may lead to my discharge, if employed. I also understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any express or implied contract, and is at-will.

SIGNATURE _____ DATE _____

PRINTED NAME _____

Please return all applications to:

Carrie Sakin

Director of Camping Services