



# CAMP MICHIKAMAU

(Sleep-Away Camp)

## *Staff Application Form*

Return application to:  
YMCA of Greater Bergen County  
360 Main Street  
Hackensack, NJ 07601

Name \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

(Check one) send mail to: Present Address \_\_\_\_\_ Permanent Address \_\_\_\_\_ until (date) \_\_\_\_\_

Birthdate (Optional) \_\_\_\_\_ If you are applying for a counselor position, are you 18 years of age or older? \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Seasonal salary desired? \_\_\_\_\_ Is salary figure negotiable? \_\_\_\_\_

Please note that a health exam is required of all staff members.

Do you hold any current Life Saving, WSI, EMT or First Aid certificates? \_\_\_\_\_ If so, indicate type and give expiration date(s) \_\_\_\_\_

Check 1 - Are you a Good Swimmer? \_\_\_\_\_ Fair Swimmer? \_\_\_\_\_ Poor Swimmer? \_\_\_\_\_ Non-Swimmer? \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ C.D.L. license? \_\_\_\_\_ What state? \_\_\_\_\_

Do you own a car? \_\_\_\_\_ If yes, do you plan to bring it with you to camp? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

High School Attended (attending) \_\_\_\_\_ Graduation Date \_\_\_\_\_

Colleges Attended (attending) \_\_\_\_\_ Dates Attended \_\_\_\_\_

Degrees \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Have you had any camping experience or experience working with children? \_\_\_\_\_ If yes, describe \_\_\_\_\_

\_\_\_\_\_

What contributions do you think you can make at camp? (Include hobbies/interests, etc.) \_\_\_\_\_

\_\_\_\_\_

What contributions do you think a well-run camp can make to the campers? \_\_\_\_\_

\_\_\_\_\_

# DAY CAMP ORATAM/KAHAGON (circle preference)

(Oratam – 7-12 year-old campers; Kahagon – 5&6)

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

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Degrees \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Have you had any camping experience or experience working with children? \_\_\_\_\_ If yes, describe \_\_\_\_\_

What contributions do you think you can make at camp? (Include hobbies/interests, etc.) \_\_\_\_\_

What contributions do you think a well-run camp can make to the campers? \_\_\_\_\_

# Skill Experience

In the following list, put the numeral "1" before those activities you can organize and teach; a "2" before those activities in which you have had experience; and "3" for those in which you are interested.

Arts & Crafts  
 \_\_\_ Bead Work  
 \_\_\_ Ceramics  
 \_\_\_ Metal Work  
 \_\_\_ Nature Crafts  
 \_\_\_ Painting  
 \_\_\_ Posters  
 \_\_\_ Sculpture  
 \_\_\_ Silk Screening  
 \_\_\_ Sketching  
 \_\_\_ Woodworking

Music  
 \_\_\_ Singing  
 \_\_\_ Instruments

Waterfront  
 \_\_\_ Canoeing  
 \_\_\_ Life-Saving  
 \_\_\_ Rowing  
 \_\_\_ Sailing  
 \_\_\_ Swimming

Medical  
 \_\_\_ First Aid  
 \_\_\_ Advanced First Aid  
 \_\_\_ Instructor

Nature  
 \_\_\_ Astronomy  
 \_\_\_ Birds  
 \_\_\_ Botany  
 \_\_\_ Conservation

\_\_\_ Insects  
 \_\_\_ Nature Games  
 \_\_\_ Nature Trails  
 \_\_\_ Weather  
 \_\_\_ Zoology

Sports  
 \_\_\_ Archery  
 \_\_\_ Basketball  
 \_\_\_ Campfire Games  
 \_\_\_ Fishing  
 \_\_\_ Gymnastics  
 \_\_\_ Horseshoes  
 \_\_\_ Indoor Games  
 \_\_\_ Karate/Judo  
 \_\_\_ Softball  
 \_\_\_ Volleyball

Dramatics  
 \_\_\_ Creative  
 \_\_\_ Scenery Work  
 \_\_\_ Skits and Stunts  
 Camp & Campcraft  
 \_\_\_ Camp Craft  
 \_\_\_ Fire Building  
 \_\_\_ Hiking  
 \_\_\_ Knots  
 \_\_\_ Orienteering  
 \_\_\_ Outdoor Cooking  
 \_\_\_ Overnight  
 Camping  
 \_\_\_ Use of Compass

Indian Lore  
 \_\_\_ Costuming  
 \_\_\_ Crafts  
 \_\_\_ Dancing  
 \_\_\_ History  
 \_\_\_ Legends  
 Miscellaneous  
 \_\_\_ Campfire Programs  
 \_\_\_ Rainy Day Games  
 \_\_\_ Story Telling

# Employment Experience

1.

2.

3.

Position _____	_____	_____
Employer _____	_____	_____
Address _____	_____	_____
Salary _____	_____	_____
From _____ To _____	From _____ To _____	From _____ To _____

# References

Three, including former employers, if possible. Do not list relatives.

Name _____	_____	_____
Occupation _____	_____	_____
Address _____	_____	_____
Phone _____	_____	_____

I certify that all the statements made by me in this application are true. I understand that should any statement be false, termination of my employment with the YMCA of Greater Bergen County may result. I understand that if I am 18 years old or older, my employment will be subject to a criminal background check, and I give the YMCA authorization to conduct one.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_