



Dear Applicant,


Thank you for your interest in a summer position at Eagle River Day Camp.

We believe that working at Eagle River will be one of the most rewarding experiences of your life! We are dedicated to helping you to develop skills that will be useful in your future career. We will provide you with the opportunity to develop decision-making skills, leadership techniques, creativity, all while working on an amazing team! On top of all that you'll have lots of fun!

If you are ready to work and play hard, learn a lot about yourself, have your nights and weekends free and earn an excellent camp salary all at the same time...

**You've come to the right place!**

If you are interested, fill out the Application Form, sign the blank Reference Form in the gray box at the bottom and return it to camp with your completed biographical sketch. We will review your application package as soon as we receive it. After we check your references and we feel you have the necessary qualifications for an available position, we will contact you to set up an interview.

  
Barry Wasserman and Ruth Ann Weiss

Note: Please return all Forms to Eagle River. DO NOT send the Reference Form to any of your references. If you are currently in high school, please give the High School Evaluation Form and return envelope to your Guidance Counselor.

Eagle River Day Camp  
 1470 Perrineville Road  
 Monroe Twp., NJ 08831  
 609-448-5885  
 609-448-0029 fax  
 www.EagleRiverDayCamp.com  
 Mailbag@EagleRiverDayCamp.com

# EAGLE RIVER STAFF APPLICATION

FOR OFFICE USE	
Date Rec'd _____	
Interview Date _____	
Follow up Date _____	

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

College Address \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Gender:  male  female Referred By \_\_\_\_\_

(Optional) Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ E-mail address \_\_\_\_\_

Will you be younger than 18 years of age on the first day of camp? No  Yes  (If yes, working papers are required)  
 Current Occupation \_\_\_\_\_ Are you a full-time student?  yes  no

Do you have children who will attend camp?  yes  no If yes, current ages? \_\_\_\_\_

### CAMP POSITION DESIRED

- Senior Counselor  (Must be entering Senior year of High School next fall or older)  
 Junior Counselor  (Must be entering 11th grade next fall)  
 For a Counselor position, what is your grade preference? Kindergarten  Grades 1/2  Grades 3/4  Grades 5+   
 Specialist  (High School senior or older) As an Instructor in which Specialty Area? \_\_\_\_\_  
 Supervisor  (Must be certified Teacher or Administrator)  
 Waterfront Staff  Do you have current Lifeguarding  Waterfront  WSI  CPO  First Aid  CPR  EMT   
 Support Staff  Food Service, Maintenance, Office, Parking Lot, Bus Driver. Preference: \_\_\_\_\_

### EDUCATIONAL / PERSONAL BACKGROUND

Name of School	Current Grade	Year Graduated	Degree	Major / Minor Studies
High School _____				
College _____				
College _____				
Activities/Clubs/Organizations _____				
Hobbies/Special Interests _____				
Did you attend camp as a child? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, which camps? _____				

### PREVIOUS WORK / VOLUNTEER EXPERIENCE

Position	Employer	Address	Phone	Dates

### PREVIOUS CAMP EMPLOYMENT

Position	Name of Camp	Director	Address	Phone	Year

### BIOGRAPHICAL SKETCH

- ▶ **Please attach, on a separate piece of paper, a short biographical sketch explaining past experiences in your life where you have worked with and/or been exposed to children. Please mention all opportunities you have had to display leadership with children or otherwise.**
- ▶ Are you, as of this date, under contract to any other camp? No  Yes
- ▶ Have you ever been convicted of a crime or misdemeanor? No  Yes   
 If yes, please explain below (Employment is contingent upon a successful background check)

## ACTIVITIES

Place a '1' before those skills/activities that you feel confident enough to organize and teach to a group of campers, and a '2' before those skills/activities that you feel you have the ability to assist. Leave blank areas in which you have no experience.

### WATER ACTIVITIES

- Canoeing
- Rowing
- Swimming

### SPORTS

- Archery
- Basketball
- Field Hockey
- Football
- Golf
- Group Games
- Gymnastics
- Karate / Tae Kwon Do
- Lacrosse
- Mountain Biking
- Ropes Course
- Soccer
- Softball
- Tennis
- Volleyball

### CREATIVE ARTS

- Ceramics
- Cooking
- Jewelry / Beading
- Leather Work
- Painting / Fine Arts
- Paper Mache
- Weaving/Sewing
- Wood Craft
- Other \_\_\_\_\_

### PERFORMING ARTS

- Costumes
- Creative Dramatics
- Play Directing
- Puppetry
- Set Design
- Skits & Stunts
- Song Leading
- Storytelling
- Technical (Lights /Sound)
- Other \_\_\_\_\_

### DANCE

- Aerobics
- Choreography
- Hip Hop
- Modern Dance
- Tap

### MUSIC

- Drums
- Guitar
- Instrument \_\_\_\_\_
- Piano
- Song Leading
- Other \_\_\_\_\_

### OFFICE SKILLS

- Camp Newspaper
- Desktop Publishing
- Digital Photography
- Office Administrator
- Typing

### OUTDOOR ADVENTURE

- Science / Environmental
- Hiking
- Nature Education
- Orienteering
- Pioneering Skills
- Plants / Trees
- Reptiles / Insects
- Small Animals / Birds
- Survival Skills
- Ropes Course

### MISCELLANEOUS

- Computers
- Early Childhood Ed.
- Electronics
- Magic
- Radio Station DJ
- Rocketry
- Tools & Technology
- Other \_\_\_\_\_

## CERTIFICATIONS

Please check any certifications that you currently possess and indicate expiration dates. Bring your cards with you for your interview.

- |   |   |
|---|---|
| <input type="checkbox"/> Standard First Aid _____ | <input type="checkbox"/> Water Safety Instructor _____      |
| <input type="checkbox"/> Advanced First Aid _____ | <input type="checkbox"/> Red Cross Lifeguard _____          |
| <input type="checkbox"/> CPR _____                | <input type="checkbox"/> Emergency Medical Technician _____ |
| <input type="checkbox"/> CPR Prof. Rescuer _____  | <input type="checkbox"/> Certified Pool Operator _____      |

## REFERENCES

Please provide three references (present employers, teachers, supervisors -- not friends, relatives or neighbors) with *complete* addresses.

Name	Address	Phone	Company	Position
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## COMMITMENTS REQUIRED FOR EMPLOYMENT

- ▶ All staff over the age of 21 are expected to obtain a Commercial Drivers License (CDL) and drive campers to and from camp each day in a camp van.

### AUTOMOBILE INFORMATION - AGE 21 AND OLDER

- ▶ I will drive a van route as assigned and accept changes in the route that are necessary and reasonable. No  Yes
- ▶ Have you / Are you being charged with a motor vehicle violation or accident that may result in the loss of license? No  Yes
- ▶ Camp will provide the vehicle, insurance and fuel for each route.

Driver's License Number and State \_\_\_\_\_ Is the license valid at this time? No  Yes

## SIGNATURE

I authorize investigation of all statements contained in this application. I hereby give permission for my employment record and references to be checked by an outside Reporting Agency. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- ▶ Eagle River Day Camp is an Equal Opportunity Employer.
- ▶ Send completed application & biographical sketch to:  
Eagle River Day Camp, 1470 Perrineville Road, Monroe Township, NJ 08831  
or email the application to Mailbag@EagleRiverDayCamp.com or fax it to the camp office at 609-448-0029.

# Eagle River Day Camp High School Reference Form

1470 Perrineville Road, Monroe Township, NJ 08831

(609) 448-5885 (609) 448-0029 (fax)

\_\_\_\_\_ is a student in your school and is seeking employment as a staff member at Eagle River Day Camp. Eagle River is a co-ed summer day camp and the applicant will be working closely with children for whom he/she will be responsible. Our concern is whether this applicant will perform well as a team member in this unique environment. Your evaluation of this applicant will be kept in the strictest confidence. Thank you for your time.

Please complete the following Evaluation Form and return it in the enclosed envelope. We must receive this form before we can schedule an interview with the applicant.

Current grade in school \_\_\_\_\_

Do you know the student personally? Yes  No

School grades?  Excellent  Good  Average  Fair  Poor

How often is the student absent?  Never  Rarely  At Times  Often

	Always	Most Times	At Times	Rarely
Is the student organized or organization oriented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student enthusiastic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student demonstrate leadership potential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student cooperate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student mature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Should the student be given a position working with children? Yes  No

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

# Eagle River Day Camp Employee Reference Form

1470 Perrineville Road, Monroe Township, NJ 08831

(609) 448-5885 (609) 448-0029 (fax)

APPLICANT'S NAME:

JOB TITLE:

The applicant has applied for a staff position with our summer camp and has given your name as a reference. Eagle River is a co-ed summer day camp and the applicant will be working closely with children for whom he/she will be responsible. Our concern is whether this applicant will perform well as a team member in this unique environment. Your evaluation of this applicant will be kept in the strictest confidence. Thank you for your time.

**PLEASE EVALUATE:**

	Excellent	Good	Average	Fair	Poor
Ability to work without close supervision.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with and relate to children. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instructions. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience and Poise (emotion and physical).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health, Vitality, Endurance. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility to employer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under stress. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty, Personal Integrity, Character. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness, Social Awareness, Tact. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with peers. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal habits exemplary and wholesome. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this person take the initiative?. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this person hard working?. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality, Dependability, Promptness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity and stability. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Should this person work with children in a camp setting? . . . . .  Yes...  No

Would you be leave your child alone under this person's supervision?... . . .  Yes...  No

If No, please explain \_\_\_\_\_  
 \_\_\_\_\_

Does this person have any undesirable habits / traits.....  Yes...  No

If Yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

*Please turn this page over and complete the back side of this form*

Please check the appropriate box below for each category that most accurately describes the applicant:

	Unknown	Socially	Frequently	Abuses
Tobacco Use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Other Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to write additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION OF PREVIOUS WORK HISTORY (INCLUDING VOLUNTEER WORK)**  
(to be completed by former employer or supervisor)

Employer or immediate supervisor's name (please print): \_\_\_\_\_

Name of organization: \_\_\_\_\_

Your title: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Applicant's position within your organization: \_\_\_\_\_

Applicant's period of employment: Start date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Reason for ending employment: \_\_\_\_\_

If a former employee, would you rehire? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Employer or immediate supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your business address: \_\_\_\_\_

Your business telephone: \_\_\_\_\_

This signature authorizes any previous employer, law enforcement agency, court, governmental entity or any other person to release any and all information requested about me to Eagle River Day Camp. I hereby waive any privilege I have to said information, or any rights or cause of action I may have pertaining to the release of information authorized herein.

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_