



Please return this application to:

Admin@urbanexplorers.nyc

or mail to

3832 Flatlands Ave
Brooklyn, NY 11234

EMPLOYMENT APPLICATION

Date ____/____/____

DO NOT APPLY FOR THIS POSITION UNLESS YOU ARE PREPARED TO WORK THE FULL CAMP PERIOD.

**ALL COUNSELORS – UPON NOTICE OF BEING ACCEPTED – *MUST* HAVE A MEDICAL EXAMINATION. A RECORD OF THIS EXAMINATION MUST BE ON FILE WITH THE CAMP DIRECTORS!
THIS IS A NYS LAW!**

(*Last Name) (*First Name) (Gender)

(*Street Address) (*Apt #) (*City) (*State) (*Zip)

Home telephone (____) _____ Cell (____) _____

*Date of Birth ____/____/____

Driver's License No. _____ *Social Security No. _____ - _____ - _____
(*Required information)

Email _____

EDUCATION: (check the most recent): High School () College () Post-Grad ()
Other ()

(School) (Address)

(Contact Person – for reference) Phone (____) _____

What are your plans for the future?

PREVIOUS CAMP EXPERIENCE:

<hr/> (Camp's Name)	<hr/> (Camp's Name)
<hr/> (Address)	<hr/> (Address)
<hr/> (Position)	<hr/> (Position)

Have you worked with children previously other than camp (coaching, tutoring, etc.)? Yes () No ()

If yes, explain: _____

What age children do you feel best suited to work with and why?

On a sheet of paper, list and explain 3 arts and crafts projects and/or 3 games suitable for camp-age children. (Base your answer on the age group you prefer to work with)

List any of your personal interests, hobbies, and/or activities you currently participate in:

Do you possess any musical, artistic or athletic skills that you would be able to share with the camp-age children? If so, please list:

Name some camp songs you could teach campers?

Can you swim? Yes () No ()

If no, are you willing to be in the water actively assisting? Yes () No ()

Are you Red Cross certified (or equivalent)? Yes () No ()

List any current First-aid, C.P.R., etc

Certifications: _____

General Health (check one): Excellent () Good () Fair () Impaired ()

List any physical defects and indicate the extent to which they modify your activities: _____

Have you ever been hospitalized for emotional or mental illness? Yes () No () if yes, indicate details: _____

CHARACTER REFERENCES: (You will not be considered unless this portion is filled in completely, and accurately. References must be adults over 21 years of age.)

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
<u>Telephone</u>		
1. _____	_____	()
2. _____	_____	()
3. _____	_____	()

How did you hear about Urban Explorers Day Camp? Friend () Agency () Newspaper () Placement office () Other () _____

Have you ever been arrested and convicted of any crime? Yes () No () If yes, indicate details: _____

All items must be completed before the director will consider your application. Once you have completed the application, we will review your qualifications, and contact you to schedule an interview with you.