



# SANFORD DAY CAMP

## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Which positions are you interested in? (check all that apply)

Counselor      Teacher      Specialist (ex: dance, tennis, music, art)

Extended Care

Morning      Afternoon      Both

Education summary:

High School Name & Year Graduated: \_\_\_\_\_

College Name, Degree & Year Obtained: \_\_\_\_\_

Post Graduate: \_\_\_\_\_

Teaching Experience – Specifically:

Total Years Experience: \_\_\_\_\_ Grades Taught: \_\_\_\_\_

Are you currently teaching and if yes – where?      Yes      No

\_\_\_\_\_

Non-Teaching Experience: (check all that apply)

Art      Dance      Nurse      Kitchen      Lifeguard      Tennis

Explain: \_\_\_\_\_

Are you currently CPR certified?      Yes      No

Overall Work Experience: (type of work, position held)

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Medical Information:

Do you have any medical or physical limitations that would impair you from fulfilling your camp obligations?     Yes     No

Please explain: \_\_\_\_\_

**\*\* Include a copy of your health care appraisal which is attached to this document.**

Additional Information:

Have you ever been convicted of any crime including sex-related, or child abuse offenses?     Yes     No

Do you currently have police clearance as the result of a background check to work with children?     Yes     No

Do you have any children?     Yes – ages \_\_\_ \_\_\_ \_\_\_ \_\_\_     No

Check which weeks you would be available:

June 10     June 17     June 24     July 1     July 8  
July 15     July 22     July 29     Aug 5     Aug 12

*By signing below, I certify that all of the information provided in this application is correct:*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print legibly. Scan to [daveszaroleta@gmail.com](mailto:daveszaroleta@gmail.com). Dave's cell: 302-218-6879