



# J CAMP COUNSELOR-IN-TRAINING Application

*Thank you for your interest in the Simon Family JCC's  
J Camp Counselor –In-Training program*

Enclosed are the forms you need for completing the next step in the application process.

**Application deadline  
May 1, 2019**

**RETURN COMPLETED APPLICATION TO  
[thunter@ujft.org](mailto:thunter@ujft.org) OR MAIL TO:**

**Simon Family JCC– Summer Camp  
Attn: Human Resources  
5000 Corporate Woods Drive, Suite 200  
Virginia Beach, Virginia 23462**

**Let's go on an adventure!**

**June 17 – August 9**



# J CAMP COUNSELOR-IN-TRAINING

## APPLICATION FOR EMPLOYMENT

June 17, 2019 - August 9, 2019

The United Jewish Federation of Tidewater/ Marilyn & Marvin Simon Family Jewish Community Center is firmly committed to a policy of equal employment opportunity for all qualified persons without regard to race, color, religion, national origin, age, gender, sexual orientation, non-disqualifying disability or veteran status.

### Part 1 – Personal Information Please print.

Full Name \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available all summer (June 17- August 9) Yes \_\_\_No\_\_\_ If not, what dates are you available \_\_\_\_\_

### Part 2- Camp Experience Staff or Camper

Dates	Camp Name	State	Experience (Day camp, resident, general or specialty)

### Part IV- Essay Questions Please answer the following questions about your experiences.

Please discuss your camp experience (s). What is the most memorable and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What important lesson (s) have you learned from your camp experiences?  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

What experience (s) have you had working with children?

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What is your definition of a leader?

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Have you held any leadership positions? If so, describe these experiences?

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Why are you interested in being part of the Counselor-In-Training program?

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What Contributions(s) do you feel you can make to the Simon Family J Camp?

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What extra-curricular activities are you involved in?

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**Part V- Extra Curricular Interest(s)**

<b>CREDENTIALS</b>	Please check all credentials you currently hold:		
	<input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Babysitting <input type="checkbox"/> Child Care <input type="checkbox"/> CPR/AED (list expiration date) _____ <input type="checkbox"/> First Aid (list expiration date) _____	<input type="checkbox"/> First Aid Instructor <input type="checkbox"/> Life Guard <input type="checkbox"/> MAT Certification <input type="checkbox"/> Nursing, Type _____ <input type="checkbox"/> Water Safety Instructor <input type="checkbox"/> Other. Please Explain.	
Indicate any foreign languages you speak, read and/or write.			
Language: _____			
<input type="checkbox"/> <b>Speak</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair  <input type="checkbox"/> <b>Read</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair  <input type="checkbox"/> <b>Write</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> <b>Speak</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair  <input type="checkbox"/> <b>Read</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair  <input type="checkbox"/> <b>Write</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> <b>Speak</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair  <input type="checkbox"/> <b>Read</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair  <input type="checkbox"/> <b>Write</b> <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	
<b>PROGRAM SKILLS</b>	<b>Optional</b>		
	Please check the skills, which you possess. Double-check those you can teach.		
<input type="checkbox"/> Acting/ Directing <input type="checkbox"/> Astronomy <input type="checkbox"/> Aquatics/ Lifeguard <input type="checkbox"/> Ballet <input type="checkbox"/> Balloon Animals <input type="checkbox"/> Basketball <input type="checkbox"/> Boating <input type="checkbox"/> Camp Crafts <input type="checkbox"/> Camping <input type="checkbox"/> Ceramics <input type="checkbox"/> Dance, Type _____ <input type="checkbox"/> Dramatics <input type="checkbox"/> Drawings <input type="checkbox"/> Face Painting <input type="checkbox"/> Golf	<input type="checkbox"/> Group Games <input type="checkbox"/> Group Singing <input type="checkbox"/> Gymnastics <input type="checkbox"/> Hebrew <input type="checkbox"/> Jewish Holiday Program <input type="checkbox"/> Jewish History <input type="checkbox"/> Jewelry <input type="checkbox"/> Leadership Skills <input type="checkbox"/> Leather <input type="checkbox"/> Magic <input type="checkbox"/> Metal Craft <input type="checkbox"/> Musical Instrument <input type="checkbox"/> Nature <input type="checkbox"/> Painting <input type="checkbox"/> Paper Mache	<input type="checkbox"/> Photography <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Shabbat Program <input type="checkbox"/> Sewing <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Song Leading <input type="checkbox"/> Story Telling <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Tumbling <input type="checkbox"/> Volleyball <input type="checkbox"/> Wood Working <input type="checkbox"/> Other, Please Explain.	

**CAMP JCC T-SHIRT SIZE (CHOOSE ONE)**

<input type="checkbox"/>	<b>SMALL</b>
<input type="checkbox"/>	<b>MEDIUM</b>
<input type="checkbox"/>	<b>LARGE</b>
<input type="checkbox"/>	<b>X-LARGE</b>
<input type="checkbox"/>	<b>XX-LARGE</b>
<input type="checkbox"/>	<b>OTHER. (List size: _____)</b>

Please understand that you are applying for a part-time position that will last for up to eight weeks of camp. Depending upon enrollment, between June 17 and August 9, 2019; plus staff orientation (which will be held on June 5<sup>th</sup> & 6<sup>th</sup>; and during the week of June 11 -June 14) and a Camper-Counselor Meet & Greet the evening of June 13\*, more information to follow. \* Dates subject to change.

## \*Staff orientation is mandatory.

- Specific assignments will not be available until June when enrollment nears completion.
- If you have any questions, Taffy Hunter, Director of Human Resources at (757) 965-6117.
- Applications for consideration **MUST** be returned no later than April 15, 2019. Early return is encouraged!

### Part VI- Authorization(s)

#### Agreement:

On entering the employ of The United Jewish Federation of Tidewater ("UJFT") /Marilyn & Marvin Simon Family Jewish Community Center ("JCC"), I agree to observe all the rules of my employer and governmental regulations that may apply to my duties. I understand that any continuation of my employment shall depend upon satisfactory replies on any background checks and from my references, acceptance by the bonding company and performance satisfactory at all times to my employer. I understand and agree that my employment is for no definite period, and may regardless of the date of payment of my wages and salary, be terminated, with or without cause or notice, and without liability for doing so at any time. I understand that no representative of the UJFT/JCC, other than the Executive Vice President or Chief Operating Officer, has authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed by Executive Vice President or Chief Operating Officer of the UJFT/JCC.

**I hereby acknowledge that The United Jewish Federation of Tidewater/ Marilyn & Marvin Simon Family Jewish Community Center or its agents may wish to conduct a complete investigation of my background and suitability to provide services to UJFT/JCC as an Employee. I hereby consent to and authorize the release to UJFT/JCC or its agents of any and all information in the possession of any police department or other law enforcement agency, department of motor vehicles, any other state or federal agency, any personnel representing any school which I have attended, any past or present employer, any bank or other financial institution, or any credit bureau or other credit reporting agency. My signature appearing hereon should be accepted by any of the above described persons or entities as my request to disclose information in their possession to JCC or its agents. I hereby release from all liability JCC and its agents including any persons or entities described above which gathers or releases information pursuant to this consent and authorization.**

I further consent to any testing as may be required by UJFT/JCC, including but not limited to drug and/or alcohol testing.

I certify that the information provided herein is true and complete to the best of my knowledge and belief. I understand and agree that providing false, incomplete, or misleading information will be grounds for a decision not to employ me or to terminate my employment immediately without liability for doing so.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the United Jewish Federation of Tidewater/Marilyn and Marvin Simon Family Jewish Community Center and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to corporation, public agency, or me, which an individual, company, firm, may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release the United Jewish Federation of Tidewater/Marilyn and Marvin Simon Family Jewish Community Center, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. You may contact me as indicated below. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name: \_\_\_\_\_  
                    First                    Middle (full name)                    Last                    Maiden

Current address: \_\_\_\_\_  
                                    Street                                    City                                    State                    Zip Code

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

May we contact your current employer? Yes  No

Have you been convicted of a felony, misdemeanor or traffic infraction? Yes  No   
If yes, please explain. \_\_\_\_\_

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

*Please print all former names used (maiden or AKA) and residences of the past seven (7) years (city, state and zip code).*  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Consent:**

**If staff member is under 18 years of age at the time of signing this document, please have a parent or legal guardian also complete the section below.**

*I understand and agree that \_\_\_\_\_ will be subject to the terms and policies set forth in this document and have discussed them with him/her.*

Printed Name of Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

