



## COUNSELOR APPLICATION

### SUMMER 2016 - JUNE 27<sup>th</sup> - AUGUST 19<sup>th</sup>

Name: \_\_\_\_\_  
Last First

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age as of June 27<sup>th</sup>, 2016 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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

Shoe size: \_\_\_\_\_

<b>T-Shirt Size</b> (Circle one)	Small	Medium	Large	X-large
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Highest Degree earned: \_\_\_\_\_

Entering in the Fall: High School Grade \_\_\_\_\_ College Year \_\_\_\_\_ Other \_\_\_\_\_

**Camp Experience:** Have you worked at Camp Ahava before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what year(s)? \_\_\_\_\_ Which age group? \_\_\_\_\_

Have you worked at another camp before? \_\_\_\_\_ No \_\_\_\_\_ Yes; If so, which age group? \_\_\_\_\_

**Group Preference:** I would like to work with (check as many as you wish. Rank on a 1 (most) to 7 (least) scale)

Kindergarten Ages 4.5-6	1 <sup>st</sup> Grade Ages 6-7	2 <sup>nd</sup> Grade Ages 7-8	3 <sup>rd</sup> Grade Ages 8-9	4 <sup>th</sup> - 5 <sup>th</sup> Grade Ages 9-11	6 <sup>th</sup> - 7 <sup>th</sup> Grade Ages -11-13	8 <sup>th</sup> Grade & up Ages 13-15
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**Early / After Care** - I would like to work additional hours during:

Early Bird 7:30 a.m. - 9:00 a.m.	Regularly	Occasionally
Extended Day 3:30 p.m. - 6:00 p.m.	Regularly	Occasionally

**Prior Experience** - Please describe your experience working with children, your interests, hobbies, talents etc. Please describe how you anticipate you could contribute to Camp Ahava . Please list in detail how you could lead or assist in activities. (use blank page if needed.)

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**Specialty Counselor:** If you are interested in being a Specialty Counselor (Sports, Arts & Crafts, Baking, Dance, Music, Drama, etc.) please list area of expertise and describe your experience in your specialty area.

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**References:** Please list two or three references from persons who know you professionally or academically and who are familiar with your character, work habits, skills, abilities, which you authorize us to contact.

Name	Organization	Address	Telephone No.	Relationship

**Citizenship:** Are you a US citizen?  Yes  No

If you answered 'No', do you have a work authorization or work visa from a US government agency?  Yes  No

**Without appropriate authorization to work in the US, you may volunteer at Camp Ahava.**

**Mandatory Requirements:**

- A criminal background check **MUST** be completed prior to employment eligibility at Camp Ahava.
- All staff **MUST** complete a physical checkup, provide health insurance and last date of tetanus vaccination on or before orientation date.
- I am available to work for \_\_\_\_\_ weeks from \_\_\_\_\_ through \_\_\_\_\_  
Number Date Date

I will not be available for work on the following dates: \_\_\_\_\_

I \_\_\_\_\_ confirm that all information provided in this application is true.  
First and Last name

I will arrive no later than 8:45 a.m. (or 7:15 a.m. for Early Bird) and leave no earlier than 3:45 p.m. (or 6:15 p.m. for After Care).

If I am unable to work, I will provide a substitute counselor, with the Director's consent.

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

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

**Camp Ahava, 1401 Arcola Avenue, Silver Spring MD 20902**  
**Phone: 301-649-4425 Fax: 301-649-1274**