

**CAMP KIWI**  
**EMPLOYMENT APPLICATION**

Phone: (845) 277-3876

Fax: (845) 277-0875

Visit us at: [www.campkiwi.com](http://www.campkiwi.com)

Address: P.O. Box 435 Mahopac NY 10541

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Work Permit #: \_\_\_\_\_ Expires: \_\_\_\_\_  
(required under 18 years of age).

Date of Birth: \_\_\_\_\_ Age\*: \_\_\_\_\_  
Place of Birth\*: \_\_\_\_\_ US Citizen? \_\_\_\_\_  
If no, Visa Type: \_\_\_\_\_

Marital Status\* Single \_\_\_\_\_ Married \_\_\_\_\_ Ages of children\* \_\_\_\_\_

**Position you are applying for?** \_\_\_\_\_

**Education:**  
**College/University:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Dates attended:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Degree:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**High School:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Programs:** \_\_\_\_\_ **Date Graduated:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment:**  
**Position:** \_\_\_\_\_ **Employer's Name/Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Dates Employed:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Not necessary to answer.

Special  
Organizations/Honors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What courses have you had in recreation, administration or  
leadership? \_\_\_\_\_  
\_\_\_\_\_

List any experiences (either paid or volunteer work) you have had in camping, working with children or  
any related  
fields: \_\_\_\_\_  
\_\_\_\_\_

**Check areas in which you have:**

<b>1=Interest</b>	<b>2=Experience</b>	<b>3=Teaching Knowledge</b>	
[ ]	[ ]	[ ]	Athletics
[ ]	[ ]	[ ]	Arts & Crafts
[ ]	[ ]	[ ]	Music
[ ]	[ ]	[ ]	Gymnastics
[ ]	[ ]	[ ]	Nature & Pioneering
[ ]	[ ]	[ ]	Swimming
[ ]	[ ]	[ ]	Tennis
[ ]	[ ]	[ ]	Dance
[ ]	[ ]	[ ]	Cheerleading
[ ]	[ ]	[ ]	Other: _____

Below, briefly outline what you would like to do or introduce at Kiwi; or what you care to commit and  
involve yourself in at  
Kiwi. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What, in your opinion, constitutes a joyous, meaningful summer for  
campers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why should we place you on our  
staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job  
performance in the position for which you are applying?    Yes[ ]    No[ ]  
If yes, please  
explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

List the names of two people whom you have known at least one year and are familiar with your experience and character. List two other references from your School or College faculty.

1.			
Name	Address	Telephone	Occupation
2.			
Name	Address	Telephone	Occupation
3.			
Name	Address	Telephone	Occupation
4.			
Name	Address	Telephone	Occupation

**Are you a:**

<input type="checkbox"/>	]Certified LifeGuard	Date: _____
<input type="checkbox"/>	]Water Safety Instructor	Date: _____
<input type="checkbox"/>	]EMT	Date: _____
<input type="checkbox"/>	]Registered Nurse	Date: _____
<input type="checkbox"/>	]Licensed Driver	State: _____
		Number: _____
		Exp. Date: _____

In order to safeguard the well being of our campers, Camp Kiwi will investigate the accuracy of the data provided in the application process for all applicants before the start of camp.

I, the undersigned, authorize the camp to contact any previous employers and personal references, and receive information from any law-enforcement agency to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee, and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other volunteer to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant