



# MANHATTAN BEACH SUMMER CAMP STAFF APPLICATION FORM

PLEASE  
ATTACH  
CURRENT  
PHOTO

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Division Leader/Senior Counselor  
\_\_\_\_ Specialist in the following specialty \_\_\_\_\_

POSITIONS FOR WHICH YOU ARE APPLYING:

\_\_\_\_ Counselor  
\_\_\_\_ Counselor in Training (C.I.T) *Applicant must be 14-15 years old*  
\_\_\_\_ Volunteer

## APPLICANT INFORMATION:

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: (please PRINT): \_\_\_\_\_ T-Shirt Size: S M L XL XXL

School/College Attending: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Do you have a valid CPR and/or RTE certification? No \_\_\_ Yes \_\_\_ Date Certified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you speak any other languages other than English? If so, please list: \_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

## WORK/CAMP EXPERIENCE:

Name of Organization/Camp:	Name of Supervisor:	Phone:	Job Description:

\*If you need more space you may use a separate sheet of paper or attach your resume

**AGE GROUP PREFERENCE: (you can pick more than one, just indicate your first choice)**

\_\_\_5-7 yrs (grades 1-2)    \_\_\_7-9 yrs (grades 3-4)    \_\_\_10-11 yrs (grades 5-6)    \_\_\_12-13 yrs (grades 7-8)

What can you do in terms of strength's/talents that would benefit the program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in working at camp this summer? (Include what you hope to gain from your involvement and what special talents/ideas/experiences you will be able to contribute) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any of your extracurricular activities, leadership positions, and/or awards you've received. How might these relate to this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that my answers to the preceding questions are true and complete. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of all references.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY!**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_