

STAFF APPLICATION FORM



Send application and other correspondence to:

Erik Patchkofsky, Director
Holiday Hill Day Camp
P.O. Box 3100
New Haven, CT 06515

Director's Phone: 203-387-2267
Director's Fax: 203-387-4432
Email: director@holidayhilldaycamp.com

NAME _____ **MALE** **FEMALE**

Social Security # _____ Date Available for work _____

Permanent Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Cell Phone _____ Email Address _____

EDUCATION

Name of High School	Years attended	Graduation Year
_____	_____	_____

Name of College	Years attended	Graduation Year
_____	_____	_____

Major Subject _____ Degree _____

PAST EMPLOYMENT (please list most recent first)

Employer Name and Address _____

Dates of employment _____ Position held _____

Name of Supervisor _____ Rate of Pay _____

Reason for Leaving _____

Employer Name and Address _____

Dates of employment _____ Position held _____

Name of Supervisor _____ Rate of Pay _____

Reason for Leaving _____

REFERENCES—give names and addresses of three persons (not relatives) having knowledge of your character, and/or experience, and/or abilities.

Name _____ **Phone** _____

Address _____

Occupation _____ **Relationship to you** _____

Name _____ **Phone** _____

Address _____

Occupation _____ **Relationship to you** _____

Name _____ **Phone** _____

Address _____

Occupation _____ **Relationship to you** _____

PREVIOUS CAMP EXPERIENCE

Dates _____ **Name of Camp** _____

Address _____

Director's Name _____ **Phone** _____

Were you a Camper or Staff member? _____

If Staff, describe your position and duties _____

Dates _____ **Name of Camp** _____

Address _____

Director's Name _____ **Phone** _____

Were you a Camper or Staff Member? _____

If Staff, describe your position and duties _____

List any special skills you have—swimming, horseback riding, tennis, handcrafts, etc.

Have you worked with children in an environment other than camps? _____

If yes, please explain _____

What contributions do you feel you can make to our camp? _____

Are you a citizen of The United States? Yes No

Holiday Hill Day Camp is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, sex, age, national origin, religion ancestry, sexual orientation, disability, handicap or marital status. Our camp is committed to ensuring a drug, tobacco and alcohol-free work place. If any staff members are found to be in possession of drugs or alcohol on camp premises, or under the influence of drugs or alcohol on camp premises, they will be asked to leave camp immediately.

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime against children? Yes No

If yes, please explain _____

Have you ever pled “guilty” or “no contest” to, or been convicted of any crime? Yes No

If yes, please explain _____

Note: Please note that you are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased under Connecticut General Statutes sections 46b-146, 54-76o and 54-142a. The criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family, with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to sections 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meeting of the general statutes with respect to the proceeding so erased and may so swear under oath.

I authorize the camp to conduct an investigation and/or background check of all statements and information herein and release the camp and all others from liability in connection with same. I understand that investigation will include criminal background checks. I understand that untrue, misleading or omitted information herein (including any attachments, resumes, or information provided during interviews) will result in dismissal, regardless of the time of discovery by the camp. I represent that the information herein is true and correct to the best of my knowledge.

I understand that if I am accepted for employment, that such employment will be on an at-will basis, which means that I may resign at any time and the camp may discharge me at any time and for any reason. This at-will relationship may not be changed unless such change is specifically acknowledged in writing by the director of Holiday Hill Day Camp.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT (if applicant is under age 18) _____

CAMPER/STAFF HEALTH FORM



INSTRUCTIONS

PART 1 of this form must be filled out and signed by the minor child's parent/guardian or the adult staff person.

PART 2 must be filled out and signed by a licensed health care provider (MD/APRN/PA). Required Physical Exam must have been completed within 3 years prior to the first day of camp.

Once both parts are completed, the entire form must be returned to the camp office by the last week of June. If this individual will require medication at camp, you must also fill out a medication authorization form. This form is available for download on our website or we can fax or email it to you.



PART 1—to be filled out by minor child's parent/guardian or by adult staff member

Full Name _____ **Check one: CAMPER** **CIT** **STAFF**

Address _____

Date of Birth _____ Age _____ Grade Entering in Sept _____ Gender _____

1st Custodial Parent Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

2nd Custodial Parent Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Emergency Contact (other than Parents/Guardians listed above)

Contact Full Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

CURRENT HEALTH DATA

List specific allergies and treatment _____

Dietary restrictions or needs _____

Illnesses and medical treatment _____

Other special needs—physical, mental or psychological _____

Preferred Hospital _____

Regular Physician _____ Phone _____

The health history in Part 1 is correct so far as I know, and my child has permission to engage in all camp activities except as noted. **AUTHORIZATION FOR TREATMENT:** I give permission for my child to be treated in accordance with the standing orders as signed by the camp Physician. In the event that I cannot be reached in an emergency, I give permission for my child to be transported to a medical facility for treatment.

Signature of camper parent or guardian or adult staff person

Date

FORM CONTINUED ON SECOND PAGE—BOTH PAGES MUST BE COMPLETED BEFORE SENDING TO CAMP OFFICE

CAMPER/STAFF HEALTH FORM—Holiday Hill Day Camp

PART 2—to be filled out and signed by a licensed health care provider (MD/APRN/PA)

Full Name of Camper or Staff Member _____

Date of most recent exam _____ Height _____ Weight _____ Blood Pressure _____

After examination and my review of this individual's health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below:

Any restriction of activities: _____

Any dietary restrictions or needs: _____

Any allergies or additional health information: _____

This individual is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			Pneumococcal		

Licensed Health Care Provider's Signature (MD/APRN/PA)

Date _____

Address _____ Phone _____

Part 1 must be completed and signed, then Part 2 must be completed and signed by a licensed health care provider. The entire completed form must be sent to the camp office by the first week of June.

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