

MEDICAL EMPLOYMENT APPLICATION

CAMP CAYUGA

A PRIVATE COED SLEEPAWAY CAMP IN THE POCONO MOUNTAINS OF PENNSYLVANIA

Please complete this entire application and return to:

Camp Cayuga Business Office, P.O. Box 151, Peapack, NJ 07977, USA

Telephone:(908)470-1224, Fax:(908)470-1228, Email: info@campcayuga.com, Website: www.campcayuga.com

To be considered for employment, applicants must have completed at least one year of college or be at least 19 years of age.

Please attach a
small (wallet-size)
recent photograph of yourself.

Print your first & last name
on the back of the photograph.

Another 2" by 2" photograph
will be required for your
Camp Health
Examination Form.

Name _____ Date of Birth _____

Current Street Address (date expires _____) _____

City _____ County _____ State _____ Zip Code _____

Current Phone _____ Cell Phone _____

Permanent Street Address _____

City _____ County _____ State _____ Zip Code _____

Permanent Phone _____ Email _____

Social Security Number _____ Height _____ Weight _____ Gender _____ Marital Status _____

- Are you a United States citizen? Yes, No. Do you hold a valid work visa, green card, or J-1 visa? Yes, No.
 - Do you have any condition (physical or mental) that might limit your ability to care for/supervise children? No, Yes.
 - Do you have any allergies or require special medical treatment? No, Yes. If yes, explain below.
 - Do you smoke? No, Yes. Do you have any dietary restrictions? No, Yes. If yes, explain below.
 - Do you have any visible tattoos that could be considered offensive to young children? No, Yes. If yes, describe below.
 - Do you have any visible body piercings (other than ears)? No, Yes. If yes, describe below.
 - Have you ever been convicted of a crime? No, Yes. If yes, attach separate sheet and explain in detail.
 - If you checked-off "yes" to any question above, please explain your answer(s) on the lines below.
- _____
- _____
- _____

- Will you have an automobile at camp? Yes, No, Unsure.
 - If you're age 21 or older, are you capable of driving a 15-passenger van? Yes, No, Unsure. A 9-passenger van? Yes, No, Unsure.
 - Do you hold a Special "Commercial" Driver's License (CDL) for driving limos, vans, etc? Yes, No.
 - Do you hold a valid Bus Driver's License? Yes, No.
 - Can you lead a religious worship service? Yes, No. If yes, what religion? _____
 - How did you first learn about Camp Cayuga? Friend, Newspaper, Surfing the internet.
 - If you surfed the internet, what search engine did you use (google, yahoo, etc.)? _____
 - If you surfed the internet, what directory listing did you use (campjobs.com, your university's on-line job listing, etc.)? _____
 - Is your spouse interested in working at camp? No, Yes. If yes, in what capacity would your spouse want to work? _____
 - Do you have children who will accompany you at camp? No, Yes. If yes, indicate gender and age below:
 Female-age____, Female-age____, Female-age____, Female-age____, Male-age____, Male-age____, Male-age____, Male-age____.
 - If yes, does your child(ren) have any behavioral problems or special circumstances involving physical or psychological handicaps? Yes, No
Please explain. _____
 - If yes, will your children sleep in a cabin with other campers or with you? In cabin with campers, With me (please explain below).
- _____

- Which infirmary do you prefer? Junior Campus (ages 5-13, grades 1-8), Teen Campus (ages 13-15, grades 8-10), No Preference.
- How important is it for you & your child(ren) to be housed on the same campus? Not Important, Prefer, but not necessary, Very Important
- For which time period are you seeking employment? Check all boxes that apply. Full 8 weeks, First 6-weeks, First 4-weeks,
 Second 4-weeks, Two Weeks (5th & 6th weeks), Two Weeks (7th & 8th weeks), No Preference, Other _____
- What dates are you available for summer employment? Start Date: _____ . End Date: _____
- Would you consider accepting another camp position if there is no medical staff position available for you? Yes, No, Maybe.
- What salary amount do you expect to earn? _____. (Please remember that room & board and laundry services are provided at no cost. In addition, if your children are accompanying you, the camp tuition is provided at no extra cost.)

EDUCATION:

- Are you currently a college student? Yes, No. If yes, how many years will you have completed by June? _____
- Are you a college graduate? Yes, No. If yes, year graduated? _____. Hold 4-year degree?, Hold 2-year degree?
- Are you currently a graduate student? Yes, No. If yes, how many years will you have completed by June? _____
- Are you pursuing a nursing degree? Yes, No. If yes, would you be interested in helping the camp nurses on a part-time basis? Yes, No.
- Do you hold a medical degree? Yes, No. If yes, what degree? _____
- Are you in pursuit of a teaching certificate? Yes, No.
- Do you hold a valid teaching certificate? Yes, No. If yes, issued by what state(s)? _____
- Are you currently a school teacher? Yes, No. If yes, how many years have you been teaching? _____
- If yes, what age are the children you teach? _____. What subject(s) do you teach? _____
- Are you interested in tutoring children this summer? Yes, No. If yes, what subject(s)? _____
- Have you tutored children in the past ? Yes, No. If yes, what subject(s)? _____
- Are you fluent in any foreign language? Yes, No. If yes, what language(s)? _____
- Are you ESL certified? Yes, No. Have you ever taught the English language to non-English speaking children? Yes, No.

COLLEGE/UNIVERSITY: (list below)	MAJOR:	YEARS COMPLETED:	DEGREE(S) GRANTED:
_____	_____	_____	_____
_____	_____	_____	_____

MOST RECENT CAMP EMPLOYMENT EXPERIENCE: (Attach an extra sheet if you worked at more than one camp.)

Camp Name: _____ Dates of Employment: _____

Address: _____
street address city county state zip code

Positions Held: _____

Camp's Phone: _____ Email: _____ Director's Name: _____

EMPLOYMENT EXPERIENCE: (Please attach an extra sheet, if necessary.)

EMPLOYER'S NAME:(list below)	EMAIL ADDRESS:	TELEPHONE:	DATES:	POSITION:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHARACTER REFERENCES: List three individuals who can act as character references for you. References should be limited to former employers, teachers, coaches, religious advisors, or former camp supervisors. References should not be friends or family members.

REFERENCE'S NAME:(list below)	EMAIL ADDRESS:	TELEPHONE:	RELATIONSHIP:
_____	_____	_____	_____
_____	_____	_____	_____

SELF EVALUATION SECTION: It is very difficult to objectively evaluate oneself, however a residential camp requires a staff of unique individuals. In the past this self evaluation section has helped us to place the staff member in positions for which he or she is best suited. Please use the following numerical rating system in evaluating yourself in the categories listed below: 1=well above average; 2=above average; 3=average; 4=below average; 5=unable to rate oneself because of lack of experience.

1. ___ Ability to relate to children of the ages 5 through 9.
2. ___ Ability to relate to children of the ages 10 through 12.
3. ___ Ability to relate to teenagers of the ages 13 through 15.
4. ___ Ability to remain patient in difficult & frustrating situations.
5. ___ Ability to remain calm in stressful situations.
6. ___ Ability to relate to authority figures.
7. ___ Ability to adjust to new situations.
8. ___ Ability to follow & enforce regulations.
9. ___ Ability to manage children.
10. ___ Willingness to take initiative.
11. ___ Willingness to volunteer.
12. ___ Energy level.
13. ___ Ability to work hard.
14. ___ Organizational ability.
15. ___ Neatness.
16. ___ Willingness to clean cabin.
17. ___ Leadership ability.
18. ___ Role model for children.
19. ___ Loyalty to Employer.
20. ___ Dependability.
21. ___ Flexibility.
22. ___ Warmth.
23. ___ Honesty.
24. ___ Friendliness.
25. ___ Trustworthiness.
26. ___ How often do you smile?
27. ___ Ability to have fun.

CERTIFICATIONS, LICENSES & EXPERIENCES:

- 1) Do you hold a current medical/nursing license/certification? Yes, No.
- 2) If yes, what is your most current license/certification? RN, LPN, NP, CNP, EMT, MD, DO, PA, Other _____. State? _____
- 3) Do you hold any other current medical/nursing license/certification? Yes, No. If yes, what? _____
- 4) Are you presently in pursuit of any other medical/nursing license, certification or degree? Yes, No. If yes, for what? _____
- 5) What year did you obtain your most current license/certification? _____
- 6) If you do not have a current medical/nursing license/certification, when did it lapse/expire? _____
- 7) How many total years have you practiced in the medical field? _____
- 8) How many years have you practiced in the medical field with your most current license/certification? _____
- 9) Are you presently practicing in the medical/nursing field? Yes, No. To what extent? Full-time, Part-time, Other _____
- 10) If yes, where are you presently practicing and what are your responsibilities? _____

- 11) If you are not presently practicing, what year did you cease? _____
- 12) Do you have experience as a School Nurse/Medical Staff? Yes, No. If yes, how many years? _____
- 13) Do you have any experience practicing in a pediatric setting other than a school? Yes, No. If yes, please explain? _____

- 14) Do you have hospital experience in the emergency room? Yes, No. If yes, please explain? _____

- 15) Have you ever previously worked at a residential summer camp as a member of the medical staff? Yes, No.
- 16) If yes, please list the camp names, the number of summers you worked at each camp, and the duties you assumed at each camp. _____

- 17) If yes, what year were you last employed at a summer camp as a member of their medical staff? _____
- 18) If yes, why aren't you returning to your previous summer camp? _____

Please check off the following certifications you hold and indicate the expiration date. Please attach a copy of the certificate to this application. The original certificates must be brought to camp with you.

LIFEGUARD QUALIFICATIONS

- ARC Lifeguard Training. Expires _____
- ARC Head Lifeguard. Expires _____
- ARC Waterfront Lifeguard. Expires _____
- YMCA Lifeguard. Expires _____
- BSA Lifeguard. Expires _____
- Ellis & Associates Special Facilities Lifeguard. Expires _____
- Ellis & Associates Pool Lifeguard. Expires _____
- R.L.S.S. (UK, Australia, Canada). Expires _____

SWIMMING INSTRUCTOR QUALIFICATIONS

- ARC Water Safety Instructor (WSI). Expires _____
- YMCA Swimming Instructor I. Expires _____
- YMCA Swimming Instructor II. Expires _____
- BSA Aquatic Instructor. Expires _____

ADDITIONAL CERTIFICATIONS

List other certifications you have earned which have some bearing upon your employment:

- Expires _____
- Expires _____

FIRST AID & CPR CERTIFICATIONS

- ARC Standard First-Aid. Expires _____
- ARC Community First-Aid. Expires _____
- ARC Emergency Response. Expires _____
- Second Level First Aid (min. 12 hour training). Expires _____
- Wilderness First Aid (min. 16 hour training). Expires _____
- Adult CPR, or Child CPR, or Infant CPR.
- Above CPR Expires _____
- Community CPR. Expires _____
- CPR for Professional Rescuer. Expires _____
- AHA Heart Saver Plus - Adult. Expires _____
- AHA Heart Saver AED - Adult/AED. Expires _____
- AHA Health Care Provider. Expires _____
- National Safety Council (NSC) First Aid. Expires _____
- NSC First Responder. Expires _____

AQUATICS SUPERVISOR QUALIFICATIONS

- YMCA Aquatic Facility Manager. Expires _____
- YMCA Pool Operator on Location. Expires _____
- YMCA Waterfront Director. Expires _____

WATERCRAFT INSTRUCTION CERTIFICATIONS

American Canoe Association Instructor certification in:

- Decked or open canoe. Expires _____
- Flat Water Instructor. Expires _____
- Moving water/River Instructor. Expires _____

US Sailing certification in:

- Small Boat Sailor Instructor. Expires _____

ARC American Red Cross certification in:

- Small Craft Safety. Expires _____

Specify type of small craft:

- Basic Sailing Instructor. Expires _____

OTHER CERTIFICATIONS & LICENSES

- NRA or JSS/USA Riflery Certified? Expires _____
- NAA Archery Instructor Certified? Expires _____
- USTA Tennis Instructor Certified? Expires _____
- CHA Horsemanship Certified? Expires _____
- Ropes Course Training Certified? Expires _____
- Belay Certification? Expires _____
- Scuba Diving Certified? Expires _____

19) What experience have you had in treating and caring for children of the ages 5 through 15? (Attach an extra sheet if necessary.)

20) Please describe the extent of your medical experience. We would like to know the areas of medicine in which you have worked and the extent of your knowledge with respect to providing emergency medical care and first aid. (Attach an extra sheet if necessary.)

21) Why do you want to work at a summer residential camp? (Attach an extra sheet if necessary.)

22) Have you ever worked at a sleepaway camp? If yes, what were your responsibilities at the camp? What did you like most about the camp? What did you like least? (Attach an extra sheet if necessary.)

23) Please indicate your opinion regarding the consumption of alcohol and the use of drugs. (Attach an extra sheet if necessary.)

24) Do you hold a valid driver's license? Yes, No. License # _____ State _____ County _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I also authorize Camp Cayuga to investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to provide to the camp any and all relevant information and opinions, without giving me prior notice of such disclosure. I release such persons and organizations from any legal liability in making such statements. By my signature, I understand and consent to these statements.

Applicant's Signature (please sign above)

Date

We thank you for taking the time to complete our employment application. We will contact you as soon as possible. Camp Cayuga is an equal opportunity employer.