

Racine ELCA Neighborhood Camp Staff Application

Name					Date of Birth	//
Address						
	Street			Town		Zip Code
E-mail						
Home Phone (_ Cell ()	-		
Social Security #						
Emergency Contact (During hours you are at camp)					
Name		Phone			Relationship	
1. Have you worked	with children in the pa	ast and if so	, in what c	capacity?		
2. What do you find t	to be most rewarding	while worki	ng with cl	nildren?		
	or interests that might /classes you have take					
4. Are you currently	CPR certified? Yes _	_No If	yes, Date	you were	last certified?	_//
Do you have proof of	f certification? Yes	No				

Except for illness or an emergency, you are expected to be at camp everyday Monday-Thursday (unexcused absences will result in termination). If you are sick for more than 2 days , you <u>may</u> have to be replaced. You are paid for the days you work. Staff arrives by 8:00 am , and occasionally you may need to stay a little longer than 3:00 pm (ex. field trip or special project). If you can't do this, please explain.						
_	s tentatively set for Wednesday June 19th through Friday June 21st All Coordinators and assistants d to participate.					
Camp begin	ns Monday June 24 th and ends July 25 th . There will be no camp the 4 th of July.					
I agree to t	the above conditions for employment.					
Signed	Date					
Mail to:	Carol Beltran - Neighborhood Camp 1925 Summit Ave. Racine, WI 53404 Or E-mail: <u>Cyust@aol.com</u>					

5. Do you speak Spanish? (Circle one) Fluently Reasonably Barely No