



## 2009 Counselor Application

Please type or print

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing/School Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name and Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**EDUCATION:**

High School: \_\_\_\_\_ Year Graduating: \_\_\_\_\_ Major: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduating: \_\_\_\_\_ Major: \_\_\_\_\_

Position you are applying for: Therapist/ Counselor/ Lifeguard (Please circle)

Have you worked at another camp: \_\_\_\_\_ When and Where: \_\_\_\_\_

**Interests:**

*Please rate your skill level:*

1. Can organize, lead or teach
2. Can assist leader
3. Some experience
4. Little experience
5. No experience

Arts and Crafts		Outdoor Games	
Singing, Skits		Nature Activities	
Canoeing/Kayaking		Fishing	
Swimming		Other	

**CERTIFICATES:** List current certificates that you hold (i.e. Water Safety Instructor (WSI) or equivalent, Trip Leader, Lifeguard, Small Craft Operator, CPR, First Aid, Adapted Aquatics, Kayaking, RN, LPN, etc.)

Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**WORK EXPERIENCE:** List past work experience (Provide names and phone numbers of people to contact)

Company/Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**REFERENCES:** List two character references with name, address and phone number.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PERSONAL INFORMATION:**

**Describe your experience with people with disabilities:** Note specialized training i.e. behavioral management, transfer, other.

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

**Why are you applying for work at Camp Chatterbox? What do you hope to gain from the experience?**

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

**Describe Yourself.** (Strengths, weaknesses, hobbies, interests, relationship with others, etc.)

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

**Have you been convicted of a criminal offense?** If yes, please explain: \_\_\_\_\_

**Have you ever had a Criminal Background Check**  **Yes (Please Forward Copy)**  **No**

**Have you ever been fingerprinted?**  **Yes (Please Forward Copy)**  **No**

**Other information that may have bearing on your application.**

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

I understand that completing this form does not guarantee that I will be selected to work as a staff member at Camp Chatterbox. I realize that the process is competitive and only those candidates with the best qualifications will be chosen. I acknowledge that all information provided is true.

Signature of applicant: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Please return to:**

Joan Bruno, Ph.D. Camp Chatterbox  
Children's Specialized Hospital  
150 New Providence Road  
Mountainside, NJ 07092  
Phone: 908-301-5451  
Email: JBruno@childrens-specialized.org