



# Rolling River Day Camp

Appt. Date \_\_\_\_\_ Appt. Time \_\_\_\_\_ Initial \_\_\_\_\_  
477 Ocean Avenue  
East Rockaway/Oceanside, NY 11518  
tel: 516-593-CAMP (2267)  
fax: 516-593-5796  
email: camp@rollingriver.com  
website: www.rollingriver.com

## CAMP STAFF APPLICATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

College or Local Address (if different): \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ S.S.# \_\_\_\_\_ Marital Status: \_\_\_\_\_  
(please print clearly)

Name/Age of Children: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ License # \_\_\_\_\_ Plate # \_\_\_\_\_

Do you have a CDL license to drive a bus? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to drive a camp bus to transport campers? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had your license revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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

Have you ever been convicted of driving under the influence of alcohol/controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

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

Will you have a car? \_\_\_\_\_ Would you be a bus counselor? \_\_\_\_\_

<u>EDUCATION</u>	<u>Name of School</u>	<u>Major</u>	<u>Date of Graduation</u>	<u>Degree</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Who specifically referred you to Rolling River Day Camp? \_\_\_\_\_

*(Please complete reverse side)*

Have you ever been a camper? \_\_\_\_\_ Day camp? \_\_\_\_\_ Sleep away? \_\_\_\_\_

If yes where? \_\_\_\_\_

Have you ever worked in camp? \_\_\_\_\_ Day camp? \_\_\_\_\_ Sleep away? \_\_\_\_\_

If yes where? \_\_\_\_\_

Check age level you prefer to work with: ( )Ages 3-5 ( )Ages 6-9 ( )Ages 10-12 ( )Ages 13-15

Would you prefer working with: a camper group: Yes \_\_\_\_ No \_\_\_\_ or a specialty area: Yes \_\_\_\_ No \_\_\_\_

Have you ever worked with children? Yes \_\_\_\_ No \_\_\_\_ If yes, in what capacity? \_\_\_\_\_

What experiences do you have that relates to this job? \_\_\_\_\_

What sports have you played on an organized level? Include high school and college. \_\_\_\_\_

What awards or honors have you received? \_\_\_\_\_

Do you have any coaching or leadership experience? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Please list below any special interests or talents you possess \_\_\_\_\_

**CERTIFICATIONS:**

**DO YOU HAVE:** (answer all questions yes or no)

Water Safety Instructors (WSI) validated card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Nassau Certification \_\_\_\_\_ Class # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Lifeguard Training (LGT) \_\_\_\_\_ Expiration Date \_\_\_\_\_

CPR-BLS \_\_\_\_\_ Expiration Date \_\_\_\_\_ AED \_\_\_\_\_ Expiration Date \_\_\_\_\_

First Aid Certification (Specify exactly) \_\_\_\_\_ Date Completed \_\_\_\_\_

Boating License \_\_\_\_\_ Wall Climbing \_\_\_\_\_ Gymnastics \_\_\_\_\_

**Please mark in the spaces below your proficiency in each activity.**

**Fill in all boxes. . . . Do not leave any areas blank.**

Scale: Fair = 1 Good = 2 Excellent = 3 No Experience = NE

**LAND SPORTS**

Basketball \_\_\_\_\_  
Bowling \_\_\_\_\_  
Cheerleading \_\_\_\_\_  
Floor Hockey \_\_\_\_\_  
Football \_\_\_\_\_  
Gymnastics \_\_\_\_\_  
Lacrosse \_\_\_\_\_  
Newcomb \_\_\_\_\_  
Roller Skating \_\_\_\_\_  
Soccer \_\_\_\_\_  
Softball \_\_\_\_\_  
Swimming \_\_\_\_\_  
Track & Field \_\_\_\_\_  
Twirling \_\_\_\_\_  
Volleyball \_\_\_\_\_  
Martial Arts \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

**CRAFTS**

Bead Work \_\_\_\_\_  
Ceramics \_\_\_\_\_  
Fabric Art \_\_\_\_\_  
Jewelry Making \_\_\_\_\_  
Lanyard \_\_\_\_\_  
Leather Work \_\_\_\_\_  
Macrame \_\_\_\_\_  
Puppetry \_\_\_\_\_  
Sewing \_\_\_\_\_  
Woodworking \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

**FINE ARTS**

Painting \_\_\_\_\_  
Origami \_\_\_\_\_  
Sketching \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

**MUSIC**

Vocal \_\_\_\_\_  
Piano \_\_\_\_\_  
Instrumental \_\_\_\_\_  
(Other) \_\_\_\_\_  
\_\_\_\_\_

**DANCE**

Hip Hop \_\_\_\_\_  
Jazz \_\_\_\_\_  
Theater Choreography \_\_\_\_\_  
Other \_\_\_\_\_

**DRAMATICS**

Theater Performance \_\_\_\_\_  
Sound/AV. \_\_\_\_\_  
Stage Direction \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

**BOATING**

Canoe \_\_\_\_\_  
Rowboat \_\_\_\_\_  
Kayak \_\_\_\_\_  
Paddleboat \_\_\_\_\_  
Other \_\_\_\_\_

**TECHNOLOGY**

Computer \_\_\_\_\_  
Video/Photography \_\_\_\_\_  
Wii \_\_\_\_\_  
DDR \_\_\_\_\_  
Other \_\_\_\_\_

**NATURE**

Nature Study \_\_\_\_\_  
Gardening \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

*(Please complete reverse side)*

Do you have any mental, emotional, medical or physical disability that would prevent you from participating fully in any camp activity (long hours, lack of privacy, no smoking policy, limited time off, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Is there any reason why you could not work every day during the camp season? (eg. school, job, vacation) Yes \_\_\_ No \_\_\_  
If yes, explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what jurisdiction (state): \_\_\_\_\_

Is your name on the Central Registry of Child Abuse? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what jurisdiction (state): \_\_\_\_\_

**EMPLOYMENT (Work Experience):**

<u>Employer</u>	<u>Address</u>	<u>Dates Employed</u>	<u>Position</u>	<u>Salary</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**REFERENCES:** (Include former employers, teachers, professors, etc.)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**\*\*\*Three Rolling River Staff Reference Forms must be completed and submitted prior to interview.\*\*\***

**\*\*\*Please note: This application must be completed in full in order to be processed and reviewed.\*\*\***

The applicant verifies the truth of the information on this application. The submission of any false information is grounds for termination.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Send application to: Rhonda & Mark Goodman, Directors  
c/o Rolling River Day Camp  
477 Ocean Avenue  
East Rockaway, New York 11518  
Attn: STAFF APPLICATION

\*\*Rolling River Day School & Camp Inc. is in accordance with applicable federal laws, provides equal opportunities to employees and applicants without regard to race, color, religion, sex, national origin, age, disability, or veteran status.